

CHEMIST & DRUGGIST

The newsweekly for pharmacy

May 15, 1993

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Posters and petitions pull in results

GP dispensing shown to be a costly option


Demystifying IV nutrition

Unichem pick up Unipos pieces

DoH backs UK Euro-licence bid



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[†]Myers WH. Med Digest 1972; 17 (7): 45-52.

*Based on OTC cash sales, Nielsen, March 1993.

CHEMIST & DRUGGIST

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Comment

Just two weeks after an Association of the British Pharmaceutical Industry annual dinner, memorable and notable largely through the absence of Department of Health ministers — either speech-making or eating — Virginia Bottomley has taken up her rightful role of pharmaceutical industry sponsor rather than hatchet-woman. Pharmaceutical industry figures present that night will be much relieved that she has done so after the performance of invited stand-in, Board of Trade president Michael Heseltine, who managed to say much about nothing.

For many, the machinations of the European Community too often bring a new and convoluted bureaucracy. In that sense Mr Heseltine's one message to the ABPI — that as the Government's cutter-of-red-tape he would do all in his power to simplify UK commerce regulations — has echoes in the launch of the ABPI bid for the European Medicines Evaluation Agency (see p919). The EMEA is all about simplifying the licensing process for medicines throughout the European Community and ensuring in practice that product licences for new chemical entities *et al* are dealt with effectively and expeditiously.

The EC's Future Medicine Licensing Systems proposals aim to complete the single market in pharmaceuticals, and

the hoped-for setting up of the EMEA in a Member State by 1995 is integral to that development. This system will establish two licensing procedures: one will involve centralised Community licensing of certain high technology and innovatory medicines; the other will set up a procedure to enable Member States to recognise "mutually" licences issued in other EC countries, with binding arbitration in the case of disputes. About 300 EMEA staff will offer technical and administrative support.

EC heads of government will decide where this and other key harmonisation centres will be. The EMEA site decision could come at the Copenhagen Summit but the DoH believes the decision is more likely in December.

The need for the pharmaceutical industry throughout Europe is to have a licensing fast-track of the proven "probity and integrity" noted by Virginia Bottomley in what she says is the fastest licensing authority in the world — the UK's Medicine Control Agency. With the UK the centre for a pharmaceutical industry of world renown that produces natural reservoirs of talent, London with its superb commercial and communications infrastructure should be the right place for the EMEA to be to license European medicines for the 21st century.

Contractors give thumbs up to PSNC's posters and petition

PSNC detects movement in DoH stance on pay

The Department of Health is moving its position on the NHS pay offer made to pharmacy contractor on March 12, but no new offer was made at the plenary meeting held on Thursday, May 6, says Pharmaceutical Services Negotiating Committee secretary Stephen Axon.

PSNC is to issue all the 98 local pharmaceutical committee secretaries with a nine page report of the May 6 meeting, following the PSNC meeting held on Tuesday and Wednesday of this week.

Chemist & Druggist expected to be briefed on Friday, May 14, after this issue had gone to press, about progress made on May 6 regarding the pay negotiations for 1992-93 and of plans for 1994-95 for contractors in England and Wales.

"It's wonderful" is the warm response from the LPC chairman who, just a few weeks ago, was calling for a poster campaign to tell the public about the closure threat to local pharmacies.

Andrew McCoig, chairman of Croydon LPC, told *C&D* that the the poster and petition circulated by the Pharmaceutical Services Negotiating Committee was being received very well. And his sentiments are echoed by contractors up and down the country.

Mr McCoig (*C&D* April 17 p693) tells of one particular pharmacy where the petition was left on the dispensing counter and quickly accumulated 20 sides of signatures. "And we're not thrusting it under people's noses either," he says.

The plight of small pharmacies in the light of the Department of Health's current remuneration proposal was highlighted on Croydon's cable TV which, Mr McCoig was assured, would reach 48,000 homes.

There has also been excellent feedback from local MPs. The result of the Newbury by-election coupled with the Conservative's poor showing in the local Council elections may run in pharmacists' favour, Mr McCoig says. "It might be helpful for the Government to show its support to a professional group not normally militant within healthcare.

"I think we've always been a quiet profession in the past but by picking a fight with pharmacy the Government has stirred up a hornet's nest where it needn't have."

Mr McCoig, who describes himself as an optimist, believes that the profession may emerge stronger for its tussle with the Government. "If in the end we prevail, which I'm hopeful that we will, it won't have done us any

harm. It's given us a nasty scare."

Mr McCoig's obvious delight with PSNC's poster and petition initiative was echoed by Alaster Rutherford, secretary of Avon LPC. The pay row had been featured on local television news programmes there.

Peter Jenkins, chairman of West Glamorgan LPC, also believes the posters have been a great success.

The message he is getting from contractors is that they are very concerned about remuneration and are glad that something is being done.

Local press and television coverage of the issue has been good and all local MPs and

community health councils have been contacted. The LPC was waiting to hear the outcome of PSNC's meeting with the DoH on May 6 before taking any other steps.

Roger King, the secretary of Dorset LPC, says he believes the poster is going down well in his area although he doubts the value of petitions.

"I get the feeling that there's a lot of concern in Parliament already. We can't be complacent but I think the profession is doing a good job," he says. "Enough feeling has been generated to hopefully make the Department think again about the time scale of implementation."



New research into children-friendly antibiotics

Pleasant tasting medicine, which is taken once or twice a day, is most likely to gain a favourable response from young children, according to new research on

behalf of Pfizer Ltd.

The survey, carried out by consultant microbiologist Dr Susannah Eykyn of St Thomas' Hospital, involved tasting a range

of nine children's antibiotics to discover which of them were most likely to gain compliance from children.

Most pleasant tasting product was Macrolide azithromycin (Zithromax), which has to be taken once a day for three days, according to the researchers, while the most unpleasant was deemed to be flucloxacillin (Floxapen) and penicillin VK — a fact backed up by nurses on the paediatric wards who confirmed that children disliked these two medications.

Other unpleasant tasting antibiotics were found to be co-trimoxazole (Septrin Paediatric) and trimethoprim (Monotrim). Opinions were divided on the taste of cefadroxil (Baxan) and co-amoxiclav (Augmentin).

NPA campaigns to highlight holiday risk of malaria infection

Wednesday saw the National Pharmaceutical Association launch a campaign to promote the need to take anti-malarial medicines when travelling to disease-ridden countries.

The launch was supported by travel broadcaster Judith Chalmers and MP Simon Hughes, whose brother died from malaria last year.

The availability of the

pharmacist to supply the advice and medicines needed to ensure good health while abroad is at the centre of the NPA's health campaign to tell travellers that malaria is still a major killer.

"The British public is largely unaware of the risk of catching malaria in long-haul holiday and business destinations," says NPA director Tim Astill.

The "Beat the bite" campaign

will run through the Summer into the Autumn so as to catch Christmas sun-seekers. By now members should have received a poster for window display plus an information leaflet in which medicines taken can be noted.

The NPA was expecting media coverage on Wednesday on BBC1's Breakfast News, Radio 4's Today programme, and LBC's Mike Carlton show.

MPs put bite on 2,000 threshold

Pressure on the Government to revise or drop the proposal to require pharmacists to satisfy a 2,000 per month prescription threshold to qualify for the new professional allowance has intensified in the wake of the political damage inflicted on the Conservative party by the voters last week.

Some Tory back benchers had already registered their concern about the effect of the proposal on small pharmacies before the damning outcome of both the parliamentary by-election at Newbury and the county council elections in England and Wales were known.

They included Mr Barry Porter, the MP for the Wirral, who called in the Commons for clarification of the Government's policy on small pharmacies which he described as "a touch puzzling".

Mr Tony Newton, Leader of the Commons, promised to bring Mr Porter's concern to the attention of Virginia Bottomley, the Health Secretary.

At the same time Mr Newton sidestepped a demand by Margaret Beckett, the Labour Party's Deputy Leader, for a debate on how community pharmacy would be affected by the proposal.

By Monday more than 70 MPs had signed the parliamentary motion which condemned the Government's proposals as anti-competitive and warning that they would undermine the provision of community pharmaceutical services.

The motion also called on the Government to withdraw its present remuneration offer to the PSNC and to negotiate one that protected the interests of patients in preserving the existence of community pharmacies.

The motion is mainly supported by Labour MPs, although the latest signatories include Mr Don Foster, Liberal Democrat MP for Bath.

Pollution implicated in hayfever attacks

Pollutants, particularly those seen by the side of busy roads in inner city areas, may be responsible for precipitating hayfever attacks in susceptible individuals, say researchers.

Professor Robert Davies, Professor of Respiratory Medicines at St Bartholomew's Hospital in London, believes that pollution is

an important factor in hayfever incidence.

"There is no doubt in my mind that contact with pollutants in a city can bring on an attack," he told a Press briefing on May 5.

Research at Barts has shown that levels of oxides of nitrogen in particular can influence cells lining the nose and lungs causing

a decrease in the rate of beating of cilia. This in turn leads to the release of irritant chemicals and to inflammation of the airways, he explained.

In controlled, randomised studies, people were exposed to either air or to nitrogen oxides and then to pollen. There was a heightened hayfever response in those previously exposed to the pollutants.

Such findings could be used to explain apparent anomalies such as those seen in Japan where there is a higher incidence of allergy to cedar pollen among people living near motorways than among those living near cedar trees, Professor Davies continued.

The role of pollutants may also be important in asthma and may explain why in Scandinavia, emergency hospital admissions rise with increased levels of pollution.

No FHSA pharmacy adviser causes concern in Sheffield

Sheffield LPC chairman Ken Seal has accused his FHSA of "dragging its feet and too frequently pleading lack of funds" over its failure to appoint a pharmaceutical adviser.

In the LPC's annual report he says the joint FHSA/LPC working party is "very much concerned" with the lack of progress towards making such an appointment.

Some problems refuse to go away, Mr Seal notes. He specifically refers to the "growing use of 'postal dispensing' of stoma appliances and the part played by stoma nurses in this field".

An electronic mail service for pharmacists has also been discussed several times by the LPC, but committee members are divided about its usefulness.

Financial incentives affect drugs doctors prescribe

Patients who have prescriptions dispensed at the surgery by their doctor receive, on average, lower quantities of drugs on each script, a survey has shown. Financial incentives have been raised as a possible explanation.

The additional cost burden this places on patients who pay prescription charges was also highlighted in a study published in this week's *British Medical Journal* (May 8, p1244).

The study, carried out by researchers at the Department of General Practice, the Queen's Medical Centre in Nottingham, found that dispensing practices in Lincolnshire have higher prescribing costs per patient than non-dispensing counterparts.

The main factors appear to be a tendency to prescribe lower quantities of drugs and a reluctance to prescribe generics.

If dispensing practices in the county reduced their costs in line with non-dispensing colleagues, financial savings are estimated at £1,974,000 per year, say Tony Morton-Jones and Mike Pringle.

The average annual net ingredient cost per patient for non-dispensing practices was £48.47 compared to £54.78 for dispensing practices. The dispensing patients had more and cheaper items while their non-dispensing counterparts in dispensing practices had fewer items but more expensive ones. Overall, dispensing patients received 14 per cent more items than non-dispensing patients.

"The profitability of a dispensary is closely related to the overall turnover of stock and the number of prescriptions issued, since each prescription attracts a dispensing fee and container

allowance," say the authors.

"The number of prescriptions can be increased without affecting turnover by decreasing prescribing intervals. While there is no evidence to suggest financial incentives increase turnover in dispensing practices ... there is, however, evidence to suggest that financial incentives lead dispensing doctors to issue prescriptions for shorter periods of time."

Shorter prescribing intervals would appear to be the major contributor to the increased number of items prescribed, with prescribing simple remedies playing only a minor role. "One burden of this increased number of items falls on the patient who pays prescription charges whose costs will increase." The survey also found that costs per patient were similar for both non-dispensing and dispensing patients in dispensing practices.

"The determinant of cost is thus the dispensing status not of the patient but of the practice, indicating that practice characteristics may be important in explaining cost differences," the authors conclude.

However, most practice characteristics such as rurality and pharmacy location were of no importance in explaining these differences, they found.

Around 13 per cent of the differences were explained by a higher number of patients over 65, while 85 per cent were associated with the dispensing doctors "reluctance" to prescribe generically.

PPA warns on checking script exemptions

The Prescription Pricing Authority is reminding pharmacists that they must collect a prescription charge unless the patient is exempt and a declaration is completed on the reverse of the form.

There is no automatic exemption for any group, eg children under 16 or for patients living in residential homes, warns the PPA. Thus any form not bearing a declaration which is submitted in group 1 (exempt scripts) will be transferred to group 2, says the PPA, adding that it does not make the rules!

The PPA in its latest newsletter also highlights the main reasons why over 400,000 scripts a month are returned to contractors, either disallowed or for further elucidation.

The reasons given are:

- Scripts for non-proprietary preparations not in Part VIII of the Drug Tariff which require endorsement of supplier and pack size and which are not adequately endorsed
- Scripts for proprietary preparations which are not listed in catalogues and require the endorsement of supplier, pack

size and/or list price

- Scripts where the PPA has requested confirmation of exactly what was dispensed — usually when they cannot read the script
- Scripts where the prescriber has failed to complete the order (eg presentation/strength/quantity) and no endorsement has been made
- Scripts which have not been signed or dated by the prescriber.

From August 1, Amoxil Fizatb 500mg will no longer be reimbursed if prescribed on FP14 as they do not meet the required specification.

NW LPCs feel they operate in isolation

Many local pharmaceutical committees feel they operate in isolation, and do not know what is happening in neighbouring FHSAs.

Dissemination of information topped the agenda at a meeting of chairman and secretaries from six of the LPCs in the North West, called at the instigation of Bolton LPC last Sunday.

Jean Rothwell, secretary of Bolton LPC, says there is concern about developments with various fund-holding GP practices and that what happens in one FHSA area may not happen in another.

The future provision of pharmaceutical services by some of the existing and proposed NHS trust hospitals was also discussed.

There were also concerns that some decisions might be presented as a *fait accompli* without LPCs being given the chance to comment. There has been no evidence of this, but LPCs need to keep their ears to the ground for any developments, says Mrs Rothwell.

A mixed response from local

media to the publicity campaign on pharmacy pay was reported. Bolton LPC chairman had been interviewed on Manchester's Radio Picadilly, while PSNC representative Marshall Gellman had appeared on BBC North West.

It would be helpful for similar meetings to be held in the North

West possibly twice yearly, those LPC officials present decided. As a result a further meeting is to be held in September.

If necessary a meeting of all LPC members will be called, but this depends on developments with the current negotiations, says Mrs Rothwell.

Tretinoin not a risk to baby

The acne treatment tretinoin is not associated with an increased risk for major congenital disorders, according to a paper in *The Lancet*.

Oral isotretinoin has been shown to increase the risk of malformation in babies of exposed women, and there was concern that topical tretinoin may do the same.

The authors used data from US hospitals to evaluate the risks in mothers exposed to topical tretinoin in the first trimester of pregnancy. They identified 215 women who gave birth to live or stillborn infants and were exposed to the drug in early pregnancy, and 430

non-exposed women of similar age who gave birth in the same units.

The prevalence of major anomalies among babies born to the exposed women was 1.9 per cent and 2.6 per cent among babies born to non-exposed women.

The authors found that the relative risk estimate for having a baby with a major congenital anomaly for exposed versus non-exposed women was 0.7.

They therefore concluded that the risk of major congenital disorders was not increased by tretinoin.

BDA calls for change

The British Dental Association has formally responded to the Review of Dental Remuneration by Sir Kenneth Bloomfield with a number of suggestions aimed at solving the current dispute between dentists and the Government.

Under the scheme, the General Dental Services Committee of the BDA has suggested that adults who cannot afford to pay charges get free care and treatment, and that children should benefit from an improved capitation system.

Adults who currently pay NHS charges should get a free basic care and treatment comprising check-ups, x-rays and emergency treatment, while any other treatment would be paid for by patients at a fee agreed between them and their dentists, the BDA suggests.

Such a scheme, the GDSC claims, would allow government expenditure to be better targeted and more stable, would enable dentists to step off the "treadmill" and be rewarded for performance, and give patients a comprehensive service in which they could exercise choice.

Vet medicine deregulation

Initiatives affecting the regulatory system for veterinary medicines should create more business opportunities while reducing the volume of existing and new legislation.

That is the conclusion of a paper on the deregulation plan produced by the Veterinary medicines Directorate.

The initiative calls for all departments to review the way regulatory requirements are operated to ensure they achieve objectives without being too burdensome on industry.

In reply, the VMD sent out a paper for comment setting out a deregulation strategy for veterinary medicines which, they say, aims to meet the requirements of ministers while ensuring safeguards are not compromised.

Progress has included better harmonisation, increased efficiency of regulatory procedures and the easing of existing legislation, the paper points out.

Plans for the future include:

- Repeal/easing of existing legislation
- New legislation
- Increased efficiency of the regulatory procedures

Anyone wishing to comment on the proposals should contact Mr C. Bean of the VMD. Unless otherwise requested, responses will then be available at the main Ministry Library at 3 Whitehall Place (tel: 071-270 8421).

Selected List

Over 30 Labour MPs have signed a Parliamentary motion expressing concern about the proposal to include drugs acting on the skin in the extended Selected List. They warn that such action is likely to be extremely harmful to patients suffering from skin conditions. Mr Alan Meale, Mr Eric Clarke and other MPs from coal-mining constituencies are among leading signatories of the motion.

Glaxo TB research

Glaxo is funding a £10 million, five year research programme to find better treatments for tuberculosis (TB). TB is now considered to be a major health risk in industrialised nations as well as in developing countries (see medical matters). Key areas of research will include: genetics, molecular biology, biochemistry of the enzymes involved in the bacterial wall synthesis and the mechanism of drug resistance. The possibilities for better vaccines will also be explored.

Lederle reassure

Lederle Laboratories are reassuring pharmacists that if any of their products are included on the Limited List, full credit will be given for any returns of products concerned. The company hopes this reassurance will allay any fears and will allow pharmacists to maintain normal stock levels.

Hammer threat

A pharmacist was forced to hand over cash from a till after

he was threatened by a man with a claw hammer. Masked robbers entered Lloyds Chemist in the Brislington area of Bristol on April 26 and grabbed an assistant before turning on the pharmacist. After pocketing £600 in cash and cheques they escaped in a stolen car. Police later arrested two men.

Dispensing course

The National Pharmaceutical Association dispensing course begins in September and enrolments need to be completed by mid August. Anyone interested in the course is reminded that application forms are available from June onwards (tel: 0727 832161).

Pill teaching aids

A new teaching aid has been introduced by Schering Health Care for family planning professionals to demonstrate how contraceptive pills should be taken. The "swatch" of glossy real size pill pack colour illustrations includes a full range of oral contraceptive and post-coital products. It shows both sides of 11 packs and includes FPA guidelines on what to do on the event of forgetting to take one of the pills.

EC pharmacy ratios

UK population per pharmacy stood at 4,456 in 1992, Dr Mawhinney, told Dawn Primarolo MP in response to her written questions to the Secretary of State for Health. This compares with France with 2,568 (1990);

Denmark with 15,000 (1987); and Germany with 3,530 (1990).

Beating Epilepsy

The British Epilepsy Association will launch national Epilepsy Week on May 16 with the "Beat Epilepsy" campaign aiming to raise some £900,000, representing £10 for every person who needs more information and advice on the illness.

Prescription answer

In 1992, around 15 per cent of items dispensed by community pharmacists and appliance contractors were covered by a prescription charge, according to Dr Mawhinney, responding to a questions from MP Kevin Hughes. A further 5 per cent were covered on prescription prepayment certificates and about 80 per cent were dispensed free, Mr Mawhinney added. An estimated 50 per cent of the population are liable to pay prescription charges.

Animal test ban

A cross party group of MPs have tabled a Parliamentary motion welcoming moves by the European Parliament which they claim could result in the 1998 target date for ending animal testing of cosmetics being met. The motion calls on the Government to support the European Parliament's stand. Leading signatories include Ken Livingstone (Labour) and Liz Lynne, health spokeswoman for the Liberal Democrats.

Lomotil recall

During routine stability testing, Searle have discovered that a small number of Lomotil tablets are slightly outside production specifications.

Affected batches are packs of 100s numbered 444960, 452320 and 457000, and one batch of 500s numbered 452800 (with outer packaging marked 455440).

A total of 62,154 packs of 100s and 883 packs of 500s have been released in the UK. Searle stress that the medical risk is minimal, because only a low percentage of tablets are affected. The degree above specification of the diphenoxylate component is also very low, says the company.

Searle are notifying the trade with instructions for recall of the affected packs. Replacement stocks will be issued shortly.



Essex gets local money scheme right

It must be obvious to all, except the ever-optimistic, that the prospect of new money from central government to fund extended roles in community pharmacy is now non-existent. The global sum has been well and truly capped. The intention of the Pharmaceutical Services Negotiating Committee — that no initiatives should be taken locally that could undermine national negotiations — though well-meaning, is effectively irrelevant.

The only way of evolving new initiatives has to be at a local level, preferably by co-operation between the LPC and the FHSAs. However, the principle of "no money, no service" must still be adhered to if the fundamental worth of any scheme is to be properly evaluated.

One such funded initiative has just been announced in Essex where a pilot domiciliary service has been organised in co-operation with, and funded by, the Social Services Department (C&D May 8, p847). Apparently the scheme will not only be assessed independently for benefit to the patient, but also relative to the financial efficiency of the service provided by Social

Services.

Hopefully, if a positive contribution to patient care can be demonstrated, and also one that provides a resource saving to the Social Services budget, then a source of extra-contractual funds will have been identified which — at no extra cost to the Exchequer — will meet the criteria for PSNC's original objectives.

This initiative is at local level, is properly funded and should be applauded. If successful it could show the way forward for establishing pharmacy's extended role in the community.

I'm no boy in blue!

I have always been violently opposed to the discriminatory nature of "prescription tax" which arbitrarily charges patients for use of the NHS when they have a prescription dispensed.

This system was devised by the Government because it is easy to monitor via the Prescription Pricing Authority. It is guaranteed a 100 per cent return: the tax is deducted from my remuneration as it is assumed that I have charged the patient properly in the first place. When introduced, predictably our negotiators acquiesced to the idea of pharmacists acting as unpaid tax collectors, and so the precedent has continued to the present punitive levels seen today.

However, one problem with this system has been the fraud — intentional or otherwise — committed by patients who have signed erroneously as "exempt", thus depriving the Treasury of its ill-gotten gains. The Department of Health has now decided to clamp down on this loss by funding five FHSAs to intensify their investigations into fraudulent claims (C&D May 8, p846).

How the DoH polices prescription tax is its business, but I would not co-operate, and consider LPCs should not be involved in any surveillance of

patients. I am not paid by the Department to collect this tax, my permission was not asked when it was implemented, but my adherence to its principles and collection is assumed.

There is no way I will be involved in its enforcement, and there is no way that I will be associated with its political intentions. Avon LPC secretary Alister Rutherford went too far in welcoming the investigation and suggesting that pharmacists would be happy to guide FHSAs to suspect cases.

If I was on Avon LPC I would demand an immediate retraction. Prescription tax was a unilateral imposition by government over which I have no control. Its enforcement is their problem, not mine!

Substitution on May Day?

May Day Bank Holiday and I drew the short straw — it was my turn for rota duty. It turned out to be quite a frenetic affair with a busy counter and even busier dispensary. In a masochistic way I enjoy these busy rotas, since they make a pleasant change from the boredom of the weekday version. Also, usually I am pleased with the generally appreciative response from the patients.

This particular day, however, I was presented with four prescriptions from the local deputising service for a branded generic amoxycillin I do not usually carry. The problem took much valuable time and many phone calls before the offending doctors could be contacted and the substitution authorised.

This ridiculous situation should never have occurred. I consider branded generics should not be given a licence but, more importantly, I should have had the authority to substitute when I consider it professionally unavoidable. This would have prevented the unnecessary waste of my time on that busy Bank Holiday Monday.

The sting in the tale from this episode came the next morning when one more observant patient phoned to query her prescription. I quickly allayed this lady's fears, but so much for the logic of having to defer to the branded preference of the prescriber!

Bradford to exchange

The School of Pharmacy at Bradford has gained funding for student exchanges under the European Community's Erasmus programme.

The award will initially allow up to nine Bradford third year undergraduates a year to gain practical experience and training in either hospital or community pharmacy in the Faculties of Pharmacy of the University of Navarra in Spain, the Universities of Bordeaux II in France or Utrecht in the Netherlands.

In return Bradford will receive three students from each faculty.

The scheme is designed to assist with the Europeanisation of health sector training through practical experience while providing a European perspective.

What a DUMP!

Might it be a record, wonders Bournemouth pharmacist Peter Burnett. This Monday saw the start of a DUMP campaign in Dorset and by Tuesday Mr Burnett of Keith Sharp Pharmacy had accumulated some £4,700 of returned items — all from one patient!

The haul, delivered by a district nurse in several bin liners and cardboard boxes, comprised:

- 42 boxes of colostomy pouches (£1,200)
- 12 boxes of flanges (£147)
- 20 boxes of filters (£170)
- 18 tubes of barrier cream
- 114 deodorant sprays (£344)
- 5,000 Antepsin tablets (£625)
- and last of all, 69 packs of 60 Zantac 150gm (£2,050).

Mr Burnett is wondering where to put it all.

Topical REFLECTIONS

Scriptspecials

Minitran: a small GTN patch

3M Health Care are launching Minitran, a small, transparent hypo-allergenic transdermal patch containing glyceryl trinitrate. It is the smallest of its kind ever developed, say 3M.

Because Minitran is small and hypo-allergenic, the risk of skin irritation is minimised. It is discrete and because it is thin enough to conform to the skin's contours, it is comfortable to wear, say 3M. Despite being smaller, it delivers the same amount of drug as other patches. **Manufacturer** 3M Health Care Ltd, Loughborough

Presentation Transdermal delivery system consisting of a thin, transparent, low density polyethylene film covered by an adhesive matrix containing GTN. Minitran 5 contains 18mg GTN and delivers 5mg/24hrs, Minitran 10 contains 36mg (10mg/24hrs)

and Minitran 15 contains 54mg (15mg/24hrs)

Indications Prophylaxis of angina pectoris either alone or with other anti-anginal therapy. Minitran 5 only: maintenance of venous patency at peripheral infusion sites (see Data Sheet)

Dosage Recommended starting dose is one Minitran 5 patch per day, with upward dosage titration when necessary. Application can either be for a continuous period of 24 hours or intermittently, incorporating a patch free interval of 8-12 hours (usually at night). Should be applied to a clean, dry, healthy area on the torso or arms. A different site should be used each day

Contraindications Hypersensitivity to nitrates, severe anaemia, increased intra-ocular and intra-cranial pressure, marked arterial hypotension and acute myocardial



insufficiency due to obstruction as in aortic or mitral stenosis or of constrictive pericarditis

Side effects Headache, arterial hypotension (especially postural), tachycardia, fainting, hot flushes or dizziness may occur at the start of treatment, and occasional skin reactions

Precautions Not indicated for acute angina attacks; use under medical supervision in recent myocardial infarction or acute congestive cardiac insufficiency; caution with hypoxaemia, severe

anaemia or ventilation perfusion imbalance

Interactions Dilates peripheral blood vessels and may increase the antihypertensive properties of alcohol, vasodilators, calcium antagonists, beta blockers, ACE inhibitors, diuretics, other anti-hypertensives, neuroleptics, and tricyclic antidepressants

Legal category P

Presentation Packs of 30 patches (5mg £15.95, 10mg £17.54 and 15mg £22.98, all prices trade)

PL numbers 0068/0146, /0147 and /0148

Date Issued May 1993

Branded lines from Norton

Baker Norton have launched Salamol inhaler, a branded form of the salbutamol 100mcg inhaler (previously produced by their parent Norton Healthcare), and Eye-crom eye drops, a 2 per cent solution of sodium cromoglycate.

Salamol will afford GPs the reassurance of a correctly coloured product (blue for reliever), say Norton. The list price of £1.85 provides a 30 per cent saving to the NHS over the leading brand, they claim.

Eye-crom aqueous eye drops are indicated for the prophylaxis and treatment of acute and chronic allergic conjunctivitis.

One or two drops should be applied to the affected eye up to four times daily. Side effects of transient blurring of vision, burning, stinging or other transient symptoms may occur.

Each 13.5ml bottle costs £5.28. This represents a 20 per cent saving over the existing brand, claim Baker Norton Pharmaceuticals. Tel: 0279 426666.

Plastic ampoules

Steripak have launched the UK's first plastic ampoule, Ster-Amp, a new presentation for injectables designed to be opened with minimal effort and to be safer than glass alternatives.

The first two products in the range are water for injections and sodium chloride, in packs of 20 containing 5ml, 10ml and 20ml units (prices: water £3.40, £4.40 and £9; saline £6, £6.80 and £12 respectively). Steripak Ltd. Tel: 061-3679000.

Tablet crusher

Aurum Pharmaceuticals are offering a plastic tablet crusher (£5.50 trade) suitable for grinding their diamorphine tablets and other uncoated tablets. The unit is dishwasher proof. The minimum order quantity is ten units. **Aurum Pharmaceuticals. Tel: 0403 700140.**

Isclufen from Isis

Isis are launching Isclufen tablets which contain diclofenac sodium 50mg. The orange enteric coated tablets come in packs of 100 (£18.24, trade). **Distributors: Farillon Ltd. Tel: 0708 371136.**

Calciferol is back

Medevale (formerly Evans-Kerfoot) have resolved production problems and are reintroducing Calciferol 0.25mg 100s. Any queries should be addressed to customer services at Medevale Pharmaceuticals Ltd. Tel: 0582 608308.

Triptafen price rises

The price of Triptafen tablets 100s is increased this week from £2.72 to £17.68. **Evans Medical Ltd. Tel: 0403 41400.**

Intron A home help

Schering-Plough have developed a self-injection pack and support kit to help patients on Intron A to treat their livers at home. It is given to patients after they have been shown how to self-inject by hospital staff. The pack contains four week's supply of syringes and needles plus injection swabs and a

sharps disposal box as well as instructions and a record card. Pharmacists can obtain supplies direct from **Schering-Plough Ltd. Tel: 0638 716321.**

Betaloc 56s bow out

The 56-tablet pack of Betaloc 50mg will no longer be manufactured. All other sizes remain available. Any outstanding orders are cancelled. **Astra Pharmaceuticals Ltd. Tel: 0923 266191.**

Unichem May offers

The following generics are on promotion this month from Unichem via Prosper: nifedipine caps 10mg 100s (£3.65 x 10), lactulose (Duphar) 500ml (£1.61 x 12) and 1l (£3.30 x 6), prednisolone EC tabs 5mg 500s (£6.88 x 5), co-codamol tabs eff 100s (£2.29 x 12), co-codamol tablets 500s (£3.91 x 5), baclofen tabs 10mg 100s (£4.25 x 5), and diltiazem tabs 60mg (blister) 100s (£5.50 x 5). **Unichem. Tel: 081-391 2323.**

Thixo-D changeover

Sutherland Health have acquired Thixo-D from Cirrus Associates. **Sutherland Health Ltd. Tel: 0635 874488.**

Generic Ephynal

Ephynal suspension (100ml) is being discontinued and replaced with Vitamin E Suspension 100ml from May 17. Its formulation, indications and legal status are identical to Ephynal suspension. The price per bottle is £7.05 (minimum order quantity from the

distributors is ten bottles). Other Ephynal products are unaffected and remain available from Roche-Nicholas. **Distributors Cambridge Laboratories. Tel: 091 261 5950.**

Paed Seravit on NHS

Scientific Hospital Supplies have ACBS approval for the prescribing of Paediatric Seravit on the NHS as a vitamin and mineral supplement in restrictive therapeutic diets in infants and children. It has been reformulated and is available in a pineapple flavoured version (100g £5.33) and an unflavoured version (100g £5). **Scientific Hospital Supplies. Tel: 051-228 1992.**

DDAVP in oral form

Ferring Pharmaceuticals have launched an oral form of DDAVP (desmopressin) for the treatment of cranial diabetes insipidus. It is expected to overcome the limitations of the intranasal solution. The dose is 0.1mg-0.2mg three times daily. The tablets are in blister packs of 90s (0.1mg £45.95, 0.2mg £90.90). **Ferring Pharmaceuticals Ltd. Tel: 081-893 1543.**

Branded cimetidine

Eastern Pharmaceuticals are introducing Zita tablets, containing cimetidine, on June 1. There are three presentations of the green, filmcoated tablets which come in blister packs each costing £10.25 — round 200mg tablets in packs of 120s, oblong 400mg in 60s and oval 800mg in 30s. **Eastern Pharmaceuticals Ltd. Tel: 081-569 8174.**

cribing Information
 presentation: White uncoated
 convex tablets scored with an 'N';
 containing 25mg of
 diphenhydramine Hydrochloride
 Uses: An aid to the relief of
 temporary sleep disturbances.
 Usage and Administration: Two
 tablets to be taken 20 minutes
 before going to bed, or as directed
 by a physician. Not recommended
 for children under 16 years.
 Contra-indications, warnings etc:
 hypersensitivity to diphenhy-
 dramine. Asthmatic attack.
 narrow angle glaucoma, prostatic
 hypertrophy. Stenosing peptic
 ulcer, Pyloroduodenal obstruct-
 ion. Bladder neck obstruction.
 Patients receiving monoamine
 oxidase inhibitors should not
 receive Nytol. Nytol is not
 recommended during pregnancy
 or for lactating mothers. Nytol
 should be used with caution in
 patients with myasthenia gravis.
 Nytol produces drowsiness/
 sedation soon after dosing and
 may affect ability to drive/use
 machines. Tolerance may develop
 with continuous use. Side-effects
 reported included dizziness,
 drowsiness, grogginess, dryness
 of mouth, nausea and nervous-
 ness. Antihistamines have been
 reported rarely to cause throm-
 bocytopenia. Pharmaceutical
 Precautions: Store in a dry place.
 Therapeutic Category: P. Basic N.H.S.
 Price: Bottles of 20 tablets, £1.13
 (P. £1.99). Product Licence
 Number: 0036/0050. References:
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When we launch new products, we're confident that they're going to take the market by storm. So here's the new GILLETTE SERIES – the best researched, best supported male grooming range in retail history. If it's new and bigger profits you're after – here they come!

▽ 8 million existing GILLETTE customers will want to buy.

▽ Sensor achieved over a 50% market share of systems razors during the launch year.

▽ £15 million launch spend. Britain's biggest ever launch for men's toiletries. TV, press, posters.

▽ 5 million samples. ▽ 14 million colour brochures.

▽ 70,000 men tried the products. They said they're what they wanted. ▽ 3 years and £50 million in

developing the best researched products ever.

▽ COOL WAVE™ –
a totally new fragrance
across the range.

Gillette®

The Best a Man Can Get™



Counterpoints

Janssen back in the OTC frame

After 18 months in the doldrums Janssen have announced a new strategic direction and impetus for their pharmaceutical division.

The company accepts that the division has been at something of a standstill for the past year, suggesting that corporate matters such as a joint venture between Merck Sharpe & Dohme and Johnson & Johnson (who own Janssen) have been partly responsible.

A sales force meeting was told recently that the company's five year plan is to boost turnover through the division (which services pharmacies, GPs and hospitals) to £100 million by 1998. It currently stands at £47.6m.

Turnover of OTC products is planned to rise to £30m. The current value of Janssen's leading OTC brands is:

Arret	£2m
Oxev	£1.2m
Stugeron	£1.2m
Daktarin	£2.1m
Imodium	£1.9m
Pollon-eze	£1.2m
Hismanal	£0.7m

"We want to be in the top 15 UK pharmaceutical companies by 1998 and in the top ten OTC," John Daly, sales and marketing director, said last week. The drive to OTC, put into sharper focus by extensions to the Selected List, has been government led and will change the market fundamentally, he says.

"We want to take brands from the ethical side and transfer them across to the OTC sector," he says, adding that nine out of the top ten OTC lines have a prescription heritage.

Part of the planned growth will come from OTC products which "will be made available OTC as a function of market share". The same brand name is likely to be carried forward from the ethical to the OTC sector.

Brand manager John Glasspool gave details of planned advertising and brand support for the next



few months.

A £500,000 campaign for Pollon-eze has broken with the hay fever season. The brand is also being promoted on Classic FM radio. Stugeron will receive £100,000 support with adverts targeted at the specialist press and travel market.

Arret will get £500,000 support, with adverts tied into articles on travel, and point of sale material.

Daktarin gets the lion's share of this year's budget

at £750,000. The brand will be advertised in the national Press. A counter unit will be available.

From this week a merchandising force will be calling on pharmacies, principally independents, to give service and support. This will be additional to Janssen's 108-strong sales force. Pharmacies should receive four calls a year. A request card will be mailed out to retailers who want an early call. **Janssen. Tel: 0235 777333.**

Anurex makes cold comfort for piles

A new device based on cryotherapy is being launched for relief from haemorrhoids, anal pain, irritation, burning and swelling.

Anurex is a plastic device (about the size of a little finger) that contains a cold retaining gel. The device requires freezing for at least one hour before being inserted like a suppository for between six to eight minutes. It is reusable, and should be used at least twice a day or as often as necessary.

The product has been used for a number of years in several countries, including the USA. It is authorised for sale in the UK by the Department of Health, say The Medical Edge.

Anurex is drug-free and has no side effects, claims

the company. It says pregnant women can use the product, but should consult their GP first. Further benefits are that it is simple to use, clean and odourless and does not cause mess or staining, says the company.

The company claims that in clinical trials, Anurex was found to be effective in relieving the symptoms in 95 per cent of the patients treated.

Each box of Anurex contains the plastic device, a storage container and a lubricant (£11.99).

While initially Anurex will be advertised for mail order sale, stocks will also be available to wholesalers or retailers (trade price £8.50) from **The Medical Edge Ltd, PO Box 590, Harrow, HA1 2BF. Tel: 081-863 9813.**

Sitting Pretty offers haemorrhoid relief

Sitting Pretty is a new medicated wipe to provide relief to haemorrhoid sufferers from Robinson.

Claimed to be the first moist medicated wipe for haemorrhoid relief, 84 per cent of sufferers in the trial said they would buy the product, with 96 per cent saying they would purchase it from their local pharmacy.

Ingredients include aloe vera, witch hazel, camomile and methyl salicylate. The main

advantages over other haemorrhoid treatments, say Robinson, are that the wipes will not stain clothing and will at the same time wipe away bacteria and apply medication.

Sitting Pretty wipes are supplied in a recloseable pack containing 75 tissues (£2.99). PoS material is available including posters, showcards and a consumer leaflet. **Robinson Healthcare. Tel: 0246 220022.**



New starting point for Ultra Togs

Ultra Togs are expanding their range with the launch of a maternity nappy, designed for use during the first few days after birth.

The 24-pack maternity nappy (£3.79) is designed for mothers to take into hospital and is geared to the average three-day stay,

say Swaddlers.

The nappy is designed for babies weighing less than 8lbs and is shorter and narrower than other nappies in the range. It also features fold-down fastening for umbilical cord protection. **Jenks Group (distrbs). Tel: 0494 442446.**



Neutrogena add Active Cleansing

Neutrogena are moving into the regime skincare market with the launch of Active Cleansing.

Comprising a facial wash, cleansing lotion and toner, the products are designed to be used with Neutrogena's existing moisturisers.

Active Cleansing Facial Wash (150ml £5.10) replaces Liquid Neutrogena. A new soap-free formulation, it is a foaming wash which will leave no residue, says senior product manager Neil Dickenson.

The facial wash contains a sugar-derived emulsifier — a blend of cornstarch and glucose — which will remove dirt without drying the skin, say Neutrogena.

The Cleansing Lotion (150ml £5.10) can be wiped off or rinsed away with water. It will remove make-up and dirt without disturbing the skin's moisture level, says the company. To prove it is



suitable for sensitive skins, it was tested on atopic dermatitis sufferers.

Active Cleansing Facial Toner (150ml £5.10) is an alcohol-free formulation which will not dry skin.

The launch of Active Cleansing will be supported by a television

campaign starting mid-June, along with Press advertising and a poster campaign. A counter display unit is available, holding full size packs plus trial size samples and a consumer leaflet. **Neutrogena Ltd. Tel: 0494 474787.**

Right Guard gets young appeal variants

Gillette are targeting younger consumers with the launch of two more variants to the Right Guard range.

Rapide for Men has a fragrance combining bergamot, lavender and mandarin with woody notes. Packaging is in light and dark green.

Azure for Women

replaces the existing Cool variant. The fragrance combines ylang-ylang, orange flower and spices. Packaging is blue and lilac.

Aimed at 15-24 year olds, the new variants are available in aerosol and roll-on. A 75ml travel size (£0.65) is available.

Gillette. Tel: 081-560 1234.

Flea promotion

Bob Martin are launching a new advertising campaign from June for their Natural Flea Control range.

Targeted at the national consumer Press, the main purpose of the advertisement is to educate the public and boost awareness of the need to purchase household flea repellent spray as part of an overall regime. **The Bob Martin Company. Tel: 0934 838061.**

BHR pregnancy test for in-pharmacy use

BHR Pharmaceuticals are launching a professional pregnancy test kit called Card OS HCG Urine.

It is a one-step test that uses a monoclonal antibody method to detect HCG in urine.

The specimen is pipetted into the "add urine" well on the reaction unit. The result can be read in the "read result" window when a blue line appears in the "test complete"

window — after about five minutes.

If a blue positive sign is visible in the result window, the specimen contains HCG. If the window only contains the pre-printed blue line, no HCG has been detected.

Card OS comes in packs containing 30 single tests plus directions for use. The price is £75. **BHR Pharmaceuticals Ltd. Tel: 0203 353742.**

Scholl air footcare

Scholl are advertising their relaunched footcare toiletries range on television in a new campaign running throughout the Summer.

The are two adverts which focus on the natural ingredients in Refreshing Foot Mist and Rough Skin Remover. **Scholl. Tel: 0582 482929.**

AAH take on Medivac

AAH Pharmaceuticals have signed a special agreement with Cheshire-based Medivac for the sole pharmacy distribution of their Medivac vacuum cleaner and other products associated with the elimination of house dust mite.

The Medivac cleaner has a BS 5415 certification for microfiltration and is recommended for use in homes of those who suffer from dust-allergy problems. The vacuum cleaner is guaranteed for five years and can be supplied VAT-free when sold to eligible persons.

Other products from Medivac available through AAH include Banamite anti-allergy spray which can be used on upholstery and bedding to render mite droppings harmless; Banamite dehumidifier which reduces relative humidity to a level where dust mites cannot survive; and Banamite pillows, duvet and mattress covers.

A marketing support pack is available with an information brochure, consumer leaflets and a window sticker for stockists. **AAH Pharmaceuticals. Tel: 0928 717070.**

Unichem clean up with new household range

Unichem are introducing an own-label range of household cleaning products.

The new range comprises five products: multisurface cleaner (500ml £0.95), pine disinfectant (1 litre £1.09), antiseptic disinfectant (500ml £1.09), thick bleach (750ml £0.95), washing-up liquid (1 litre £1.09). All come in outers

of 12.

Throughout May the products will be on special offer. Cases of multisurface cleaner will be sold at £5.94 (normally £6.60), pine disinfectant at £7.60 (£8.45), antiseptic disinfectant at £6.61 (£7.35), thick bleach at £7.02 (£7.80) and washing-up liquid at £7.87 (£8.75). **Unichem. Tel: 081-391 2323.**



Special offer on Visible Difference

Elizabeth Arden are running a special offer on Visible Difference in June.

When consumers purchase Visible Difference Refining Moisture Creme Complex they will receive a free coffret. This contains Visible Difference cleansing lotion, toner, trial size moisture creme, Ceramide Time Complex capsules and Ceramide Eyes capsules. The promotion runs from June 7. **Elizabeth Arden. Tel: 071-224 1213.**

Sporting offer for Ambre Solaire

Ambre Solaire's latest addition, UV Sport, is being promoted with a gift with purchase offer.

A sports wallet, with neck string for carrying, comes free with any purchase from the UV Sport range until the end of June. A floorstand has been produced, holding 72

units of stock, 24 of each sun protection factor and 72 sports wallets. A counter unit is also available.

UV Sport is backed by a national radio campaign throughout the Summer plus Press advertising. **Laboratoires Garnier. Tel: 071-937 5454.**

Grubbiphant wipes

The Simply Gentle range has been extended with the first in a series of novelty packs. Grubbiphant is an elephant-shaped container holding 84 Grubbies

children's wipes (£1.79). The container can be re-used as a money box or pencil holder, say **Macdonald & Taylor. Tel: 061-627 3848.**

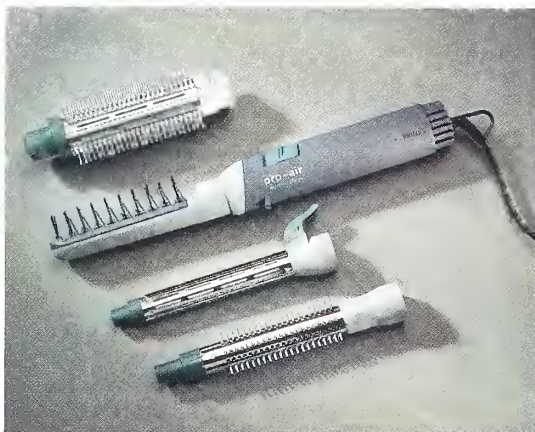
Added style with Philips Pro-Air

Philips have added a range of hot air stylers to their range of hair dryers.

The four Pro-Air Stylers, which build on the success of the Touch'n Dry hairdryer, are designed to give long-lasting style or curl. A special brush tooth design grips the hair easily and releases it without tangling.

The Pro-Air Stylers range from the basic HP4465 (£13.95) hot air styler brush to the more sophisticated Pro-Air Quattro HP4470 (£24.95) complete with a retractable bristler brush, a large barrel brush, a shaping brush and a curling tong.

The Pro-Air Styler Travel HP 4467 (£16.95) is dual voltage with a convenient travel pouch.



The Pro-Air Styler Duo (£19.95), with retractable bristle brush and shaping brush, and the Quattro have a convenient storage pouch.

All the models have

ergonomically shaped handles, release buttons for the attachments, rubber "rests" to prevent rolling when laid down, swivel cords and fitted plugs.

In grey, white and green livery, the Stylers are also designed to be exceptionally quiet.

The new range will be supported by a television advertising campaign in the Autumn, as well as PR support. **Philips. Tel: 081-689 2166.**

Go blonde with new Belle Color shades

The Belle Color range of colourants is being extended with the addition of three extra lightening shades.

The new colours are: Brightest Blonde, Brightest Beige Blonde and Brightest Pearl

Blonde.

The launch will be supported with a £1 cash refund offer. PoS material includes a pre-packed shelf unit, window cards, shelf trays and shelf wobblers. **Laboratoires Garnier. Tel: 071-937 5454.**

In support

Numark have joined up with Palmolive in support of the Shave-a-thon appeal, raising money for the Paul O'Gorman Leukaemia Foundation. Until May 31 for every 12 Palmolive shave foam or gel ordered, Numark and Colgate-Palmolive will donate 25p to the appeal. **Numark Management. Tel: 0827 69269.**

New Summer look for Otrivine

The Otrivine range has been relaunched with new look contemporary packaging in time for the hay fever season. **Zyma Healthcare. Tel: 0306 742800.**

On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky	G Granada	HTV Wales & West
Broadcasting	A Anglia	M Meridian
C Central	CAR Carlton	TT Tyne Tees
CTV Channel Islands	GMTV Breakfast	W Westcountry
LWT London Weekend	Television	

Ambre Solaire:	All areas except CTV, GMTV
Anadin Extra:	All areas
Andrews Antacid:	All areas except U, CTV
Askit capsules and powder:	STV, G
Farley's babyfoods:	All areas
Hofels garlic pearles:	G, TT, Y
Lil-lets:	C, A, LWT, CAR, BSkyB
Mum:	CAR, LWT, C, G, STV, GTV, HTV, M, A, B
Nicotinell patch:	All areas
Nivea Visage:	All areas except CTV
Oxy:	All areas
Pearl Drops Smokers mouthwash:	LWT, U, MER
Pears Pure Body Care:	All areas except U, CTV, LWT
Rennie:	C4, BSkyB
Remegel:	All areas
Scholl:	GMTV, C, G
Soft & Gentle:	All areas except U, HTV, CTV, W, CAR
Solpadeine:	All areas except U
Synergie Bio-Contour eye gel:	All areas except CTV, GMTV
Widsom Reflex:	GMTV, C4
Wrigley's Extra and Orbit:	All areas



Designer Alternatives are relaunching their range of men's bodysprays. The seven variants include: Amadeus, Pizaz Original, Xereux, D'Noir, Possessive, Piccolo and Forever For Men. To complement the 150ml sprays, the company has also relaunched its 200ml splash on lotions in the above fragrances. **LSA. Tel: 071-485 0615**

Dispense Wyeth Temazepam Tablets on open scripts for temazepam

WYETH GENERICS HOTLINE 0628 414792

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GENERICS
QUALITY ASSURED
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FOR FURTHER INFORMATION REFER TO DATA SHEET OR CONTACT WYETH LABORATORIES, TAPLOW, MAIDENHEAD, BERKS

*TRADEMARK

Sensiq are announcing new finance terms

We're paying you



An unusual step you might think.

After all, the way Sensiq product's perform, you hardly need an incentive.

But we like to think we can always do better. So we're offering a £10 Marks and Spencer voucher to every stockist of Sensiq Colour Cosmetics, who displays Sensiq products and promotions correctly

and participates in the Pure Performance promotion.

We'll also give a £5 M&S voucher to a member of your staff. What's more we're giving away a cosmetics bag with cosmetics worth £10 to every one of your customers who spends £10 on Sensiq.

So with the increase in sales that

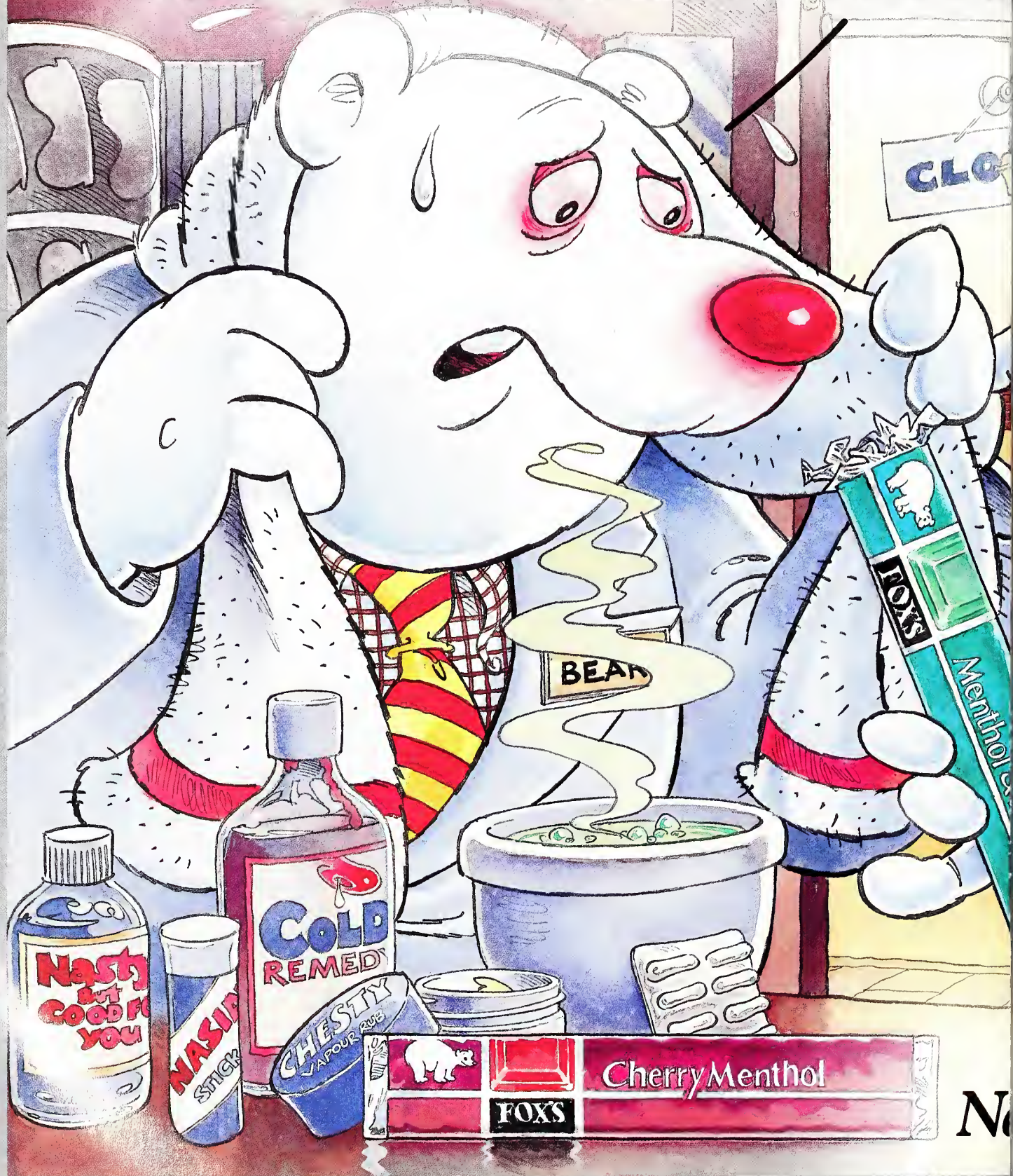
this promotion will bring about, our new payment terms will benefit everybody.

For further information contact your Sensiq representative or call Customer Services on 0233-625076.

SENSIQ
COLOUR WAS NEVER SO PURE


Suitable for sensitive skin • Dermatologically tested • Fragrance free

*Did you hear about the chemist
stock Fox's new medicated c*





*st who didn't
fectionery range?
es, he caught a cold.*

EXCLUSIVE TO CHEMISTS

 **Fox's** are launching a **new medicated confectionery range.**

 **Two top selling flavours - Menthol & Eucalyptus and Cherry Menthol.**

 Selling at a great price point of **32p** and offering a **great margin** - including a special launch bonus.

 And there's **£250,000*** of advertising and promotional support to make sure all your customers know about **new Fox's medicated.**

 Clearly a **great new medicated range** with a guaranteed pedigree.

 Clearly a **great deal - exclusive to chemists.**

* Annual equivalent at rate card.

Fox's Medicated - Clearly a winner!

NESTLÉ FOOD SERVICE

One Step campaign

Unipath have launched a new advertising campaign to support their Clearblue One Step pregnancy test. Targeted at the women's Press, the full and double page advertisements aim to appeal to women who

want to be pregnant as well as those who don't. Lasting until October, the media spend will be in excess of £500,000, according to the company. **Unipath Ltd. Tel: 0234 347161.**

Eyes in for Ombre

Ombre Express is a new range of eye make-up from Christian Dior.

Priced at £18, the new waterproof eyeshadow cream comes in Stormy Violet, Blue Stream, Sea Waves, Sun Shower, Golden Rain and Dewy Rose.

It has a new applicator, a double-function foam tip with a black side to apply the colour evenly and a white side to blend.

The base of the applicator is turned until colour appears on the

black side of the tip.

Also new from Christian Dior comes the Fleurs D'Eau range, comprising: Reflet du Teint, light reflective make-up in soft light and golden light (£16.50); Diormatic waterproof mascara with cashmere in Pacific Blue, Sea Berry, Sea Moss and Reef Brown (£12.00); lipsticks in Pearl, Opal, Coral, Bronze (£10.50); and nail enamels in Moonlight and Beaches (£9.50). **Parfums Christian Dior. Tel: 071-235 9411.**

Victorian appeal

Woods of Windsor have introduced a range of six individually designed Victorian soap tins which contain pastel coloured soaps in one of the company's six flower

fragrances. The tins are sold in display units of 24 pieces, with four of each fragrance. They will retail at £3.50. **Woods of Windsor Ltd. Tel: 0753 855777.**

Duo Tan offer

Ambre Solaire Duo Tan & UV Protection Milk 6 is on offer with a £1 cash refund. New point of sale material is available. **Garnier. Tel: 071-937 5454.**

Ribena sponsors

Ribena is sponsoring the Young Telegraph Club, a publication distributed with the *Daily Telegraph* on Saturday. The package includes a Ribena logo and illustrations on the YT Club page. **Smithkline Beecham. Tel: 081-560 5151.**

Spa for thirst

Spa mineral water is being advertised in a Press and radio campaign, using the theme "Spa — the original cure for thirst". The radio advertisement uses Peter Cook and Harry Enfield. **Spadel. Tel: 0442 235777.**

Soft Color offer

Wella are running a double promotion on their Soft Color brand. Consumers can buy the colourant for £2.99 instead of £3.29. Retailers get three packs free when they buy 12. **Wella GB. Tel: 0256 20202.**

Biactol support

Biactol is being supported with a £500,000 television

campaign this month. This will be supplemented with reader offers in teenage magazines and in-store promotions. **Procter & Gamble. Tel: 081-568 4333.**

Palmer's on air

Palmer's Cocoa Butter is being promoted with a £250,000 campaign which includes radio and Press advertising plus London Tube cards. **ET Browne Ltd. Tel: 081-532 9224.**

Ever Ready

Ever Ready's Energizer alkaline battery will be advertised on television from the beginning of June. The £10 million spend on the brand also includes cinema and radio spots plus on-pack promotions. The television campaign runs for five weeks and will be repeated later this year. **Distributors Unichem. Tel: 081-391 2323.**

More Armani

The Armani Eau pour Homme grooming range has been extended to include shaving foam, aftershave lotion and balm, soap, hair and body shampoo, deodorant spray and alcohol-free deodorant stick. **Prestige & Collections. Tel: 081-979 6699.**

Xeryus addition

Givenchy have launched an all-over shampoo for their Xeryus de Givenchy men's range. Presented in a liquid gel, the shampoo cleanses the skin and hair and is specially designed for frequent use. The 150ml tube (£13.75), decorated in the Xeryus colours of black and gold, is available from July 5. **Parfums Givenchy. Tel: 0932 245111.**

Arrid on TV

Carter-Wallace are supporting Arrid Extra Dry with a £1.7 million advertising and PR campaign this Summer. From June until August two television commercials will run in selected regions. **Carter-Wallace. Tel: 0303 850661.**

Healthy offers

Healthcrafts are offering discounts on their supplements until the end of June. On offer are oil of evening primrose 250mg 60s (£2.99 instead of £4.99), 500mg 30s (£3.25), 500mg 120s (£8.99) and 1000mg 30s (£4.99). The one-a-day evening primrose oil is on offer at £3.25 for 30 capsules and £7.69 for 90. **Healthcrafts. Tel: 0932 336366.**

PRESCRIBING INFORMATION. RoC TOTAL SUNBLOCK CREAM (SPF 16). Presentation: RoC Total Sunblock Cream is a perfume-free, non-greasy, non-alkaline, water-in-oil emulsion. The formulation is also hypo-allergenic, non-comedogenic, PABA free, water-resistant and offers excellent cosmetic acceptability. Composition: Purified water, Glycerol, Stearyl ester, Triglycerides, Hydrogenated oil E.O., Beeswax, Cinnamic ester, Oxibenzon, Hexadecanol, Mineral pigments, Dibenzoylmethane, Vitamin E acetate, Phenoxymethanol, p-Hydroxybenzoates. Uses: RoC Total Sunblock Cream is indicated for protection from UV radiation in abnormal cutaneous photosensitivity resulting from genetic disorders or photodermatoses, including those resulting from radiotherapy; chronic or recurrent herpes simplex labialis. It is effective in protecting against the effects of UVA, UVB and visible solar radiation in most types of photosensitisation, solar urticaria, acute solar dermatitis, drug induced photosensitivity, acute lupus erythematosus and polymorphic light eruption. The product is also suitable for cases of cutaneous albinism, vitiligo, very sun-sensitive skin (i.e. phototypes 0, I and II) and the fragile skin of children. It can also be used as prophylaxis for normal skin types in intense sunshine. Dosage and Administration: Apply to exposed areas of skin. Reapply after every immersion in water and every two to four hours during exposure to the sun. In windy conditions or if heavy perspiration occurs, more frequent reapplication is required. Precautions: If a skin reaction should occur (redness, stinging, itching, etc.), discontinue use. Storage: Store in a cool place. Further information: N.B. Package Quantities: 50ml tube, NBS Prescribing Information: NBS Basic NBS Prescribing Information: Laboratoires RoC (UK) Ltd., The Kirkgate, 19631 Church Street, Epsom, Surrey KT17 1PF.



RoC Total Sunblock Cream. Put it on display.

RoC Total Sunblock Cream is Britain's leading prescription product for photosensitive skin, and a reliable recommendation.

But why wait for doctor's orders when you can increase your year-round sales potential by displaying RoC Total Sunblock Cream in its own customised display unit. Show the world that you stock RoC, order your special display unit from your Unichem Wholesaler now.

You can add to your sun care service too, with RoC's free leaflets and colourful, informative wallchart (for customer or pharmacy use), simply complete and return the coupon below.



Pure protection for photosensitive skin.

*Formulated to minimise the risk of allergy

For your free RoC sun care leaflets and wallchart simply complete and return the coupon to:
FREEPOST MDMO, Direct Marketing Professionals, Hazleton Industrial Park, Lakesmere Road, Horndean, Waterlooville, Hants PO8 9BR.

Name:

Address:

Postcode:



Harmonising pharmacy within the single market

Pharmacists are in an ideal position to make generic substitution, the PGEC believes. But patents should be maintained so that the industry has time to make a profit.

Doctors should either prescribe by generic name or pharmacists should be allowed to substitute within a quality control framework.

Jane Nicholson, vice-president of the professional group of industrial pharmacists of the EC, has no objection to generic substitution but emphasises the need for all data to be available. The bioequivalence of a product can vary plus or minus 20 per cent.

Dr Manuel Machado-Macedo, president of the standing committee of doctors of the EC, gave their viewpoint. He said that doctors should not be limited by cost but should be able to take costs into account by, for example, prescribing generics.

The doctor should always act in the patient's best interest despite any cost factor, he said. So doctors should not authorise the pharmacist to substitute generics because then they would not be fully aware of the patient's medication.

Cultural labelling

Jane Nicholson talked about the new EC Directive on labelling. Outlining the cultural differences between the countries of the EC, she pointed out how almost every aspect of patient friendly packs and compliance aids could be "stifled" by the Commission unless it was careful.

Using the example of the warning "Avoid alcoholic drink", Mrs Nicholson explained how this was interpreted differently by groups in the UK, some thinking it meant "none" and others saying it meant "a little". If differences exist within the British Isles then how many would exist across the EC.

Mrs Nicholson explained that the layout of a leaflet was just as important as the type size in which it is printed. She said that "legibility and readability" is not just about type size but also layout, pictograms and colour.

Addressing his topic of "Self-medication in the future" Dr Roberto Montanari, president of the European Proprietary Medicines Manufacturers' Association, said that as medicine becomes more sophisticated, then healthcare budgets will be stretched.

His solutions were that either the state should increase payments on social security or that the patient should pay. Given these two choices he recommended increasing the role of the individual and boosting the private sector. Consumer research in many European countries has shown



For pharmacy the structure for the single European market is all but complete. However, in reality it remains highly fragmented at every level. In Brussels last week the Pharmaceutical Group of the EC (PGEC) meet with other European groups to discuss community pharmaceutical legislation — opportunities and consequences for the citizens

the individual is willing to take more responsibility for paying for healthcare, he said.

Pharmacists and doctors are important in providing advice and all the professions should co-operate. Since financial resources restrict the availability of medicines for everyone, Dr Montanari says they must be "relocated" and self-medication now has an important role within the healthcare framework.

Wholesalers

Mr W.J.H. van Limburg Stirum, secretary-general of the international group of the pharmaceutical wholesalers of the EC (GIRP), gave the wholesaler's viewpoint. The trend was that the larger wholesalers were buying out the smaller ones.

Wholesalers are the essential link in the distribution chain. If OTC products and POM medicines cannot easily cross borders then there is no true internal market within Europe. But it is not expected that parallel imports will be around within five to eight years.

It is essential, he says, that Euro-packaging and licensing becomes available, so there is a need for co-operation within Europe. Only when these

building blocks are in place can the economies of scale be realised. The cost of healthcare is rising faster than inflation.

However, the wholesaler may be threatened by "mail order" medicines from pharmacies. The PGEC is currently discussing a Directive regarding this which is expected later in the year. Mr van Limburg Stirum strongly opposed medicines being sold in this manner as no qualified person would be present to give instruction and advice.

Pricing policies

The main areas within pharmacy where there is most fragmentation in Europe is marketing and pricing, said Dr Reinhard Buscher, a member of the cabinet of the vice-president of the European Commission.

There is no intention to harmonise pharmacy throughout Europe but mutual recognition of products will give quicker access to the market. An agency to control the mutual recognition programme is expected to be up and running by 1995.

Governments set the prices and the criteria for reimbursement of pharmaceuticals. However, price controls developed by

individual governments delay access to markets and price differentials distort it. The Commission is dedicated to the removal of barriers that distort trade, says Dr Buscher.

The pharmaceutical industry in Europe is showing less growth than the US or Japan. This is a worrying trend since the system is seen as working against encouraging competition. Dr Buscher used the example of the UK extending the Selected List as one which discourages competition.

A European approach to the problem was needed, said Dr Buscher. Deregulation of prices within Europe was essential to increase demand for products. GPs should also have financial incentives to increase generic prescribing. In the US generic prescribing accounts for 70 per cent of prescriptions while in Europe the figure does not exceed 40 per cent anywhere.

Dr Buscher produced five pointers which would help boost the European market:

- Free pricing for non-prescription medicines
- Price control should be deregulated
- Patient contributions increased
- Generic competition boosted
- Price comparison developed to make optimal use of the internal market.

Parallel imports are a feature of the internal market, said Dr Buscher. They should not be blocked because they cause downward price movement.

PGEC view

Mr João Silveira, president of the Pharmaceutical Group of the EC, gave the Group's view of pharmacy after 1992. He said pharmacists want to contribute actively within Europe by increasing the quality of life for patients and achieving the most cost-effective treatment.

The patient expects easy access to pharmaceutical care and to pay a fair price for it. In the UK a study has shown that 30-70 per cent of hospital admissions are due to non-drug compliance. So the pharmacist's role not only encompasses dispensing but also giving information on medicines and health-related goods.

The "mission" of the PGEC includes:

- To work with the EC institutions to improve healthcare in Europe
- To support pharmacists in Europe.

With these targets in mind, the projects in which the PGEC will be participating are:

- To help with health education in schools,
- To encourage self-medication
- To draw up a European standard for health promotion and good pharmaceutical practice.

**NEW
PACKAGING**



SMA INTRODUCES FOR A CHANGE

A change to the visuals on the packaging of the number one range of baby milks was needed in order to meet the requirements of a recent European Directive. But what SMA Nutrition have developed more than just modern and attractive design. Research told us that mothers wanted clearer and simpler information on packs. So now our new packaging not only looks great, but the totally new illustrations and simply worded instructions provide even more effective advice on usage. The product

SMA NUTRITION, HUNTERCOMBE LANE SOUTH, TAPLOW, MAIDENHEAD, BERKS SL6 0PH. IN REPUBLIC OF IRELAND

IMPORTANT NOTICES Breast feeding is best for babies. Infant formula is intended to replace breastmilk when mothers do not breastfeed. Good maternal nutrition is important for preparation and maintenance of breast feeding and reversing a decision not to breastfeed is difficult. Professional advice should be followed on infant feeding. Infant formula should always be prepared and used as directed. Unnecessary or improper use of infant formula may present a health hazard. Social and financial implications should be considered when selecting a method of infant feeding.

SMA PROGRESS is a follow-on milk consisting of a balanced blend of milk solids, vitamins and minerals. When used in conjunction with solid feeding, it provides the nourishment essential to a baby's healthy



NEW PACKAGING
 GOING EUROPE

though, remain the same tried and trusted milks that mothers have been feeding their babies for generations. In order to avoid any confusion, we're launching these new designs with a wide support package to inform mothers, health professionals and retailers. We're making sure the SMA range of milks continues to stay at number one and not on your shelves!



NUTRITION, 765 SOUTH CIRCULAR ROAD, ISLANDBRIDGE, DUBLIN 8.

continued growth. SMA PROGRESS is not intended to replace breast feeding nor is it intended for babies younger than 6 months. Breast feeding is best for babies. SMA WYSOY milk free soy infant formula is intended to meet the nutritional needs of infants and children who are allergic to cow's milk protein or intolerant to lactose or sucrose. Soy infant formulae are not recommended for premature babies or those with kidney problems. Medical guidance should be sought.

Sticking out computer programs

With the financial viability of many pharmacies currently under threat, pharmacists are understandably turning their attention to maximising returns from NHS contracts. There seems to be a feeling among some members of the profession that increasing use of "broken bulk" claims can substantially improve remuneration, but is this correct?

Broken bulk payments are intended for exceptional circumstances only, and the computerised Prescription Pricing Authority has validation rules incorporated into its programs to determine if each claim is genuinely exceptional.

Currently any new broken bulk claim will be disallowed if the item is dispensed on more than one occasion during that month¹. Furthermore contractors are not informed that a claim has been disallowed². It is likely, therefore, that many pharmacies are diligently maintaining records for non-existent claims.

Special care has to be taken when purchasing a computer endorsing package. It is important to know whether the program merely indicates that an item is one for which broken bulk claims are possible, or if the program takes account of current usage of the product.

If it does, are the program algorithms compatible with those of the PPA, otherwise many spurious claims will be made. It is also important that any projected improvements in remuneration do not include a substantial component from broken bulk claims, unless it is clear that they would not be subsequently disallowed.

When dealing with calendar packs there is scope for the pharmacist to slightly increase the amount supplied to that ordered³. This is intended for therapeutic reasons, and not monetary gain. If it is practised routinely a loss of dispensing fees will be suffered as prescription frequency declines, and the patient's health may be placed at greater risk.

Some computer systems default to the next highest calendar strip for endorsing purposes. The RPSGB has recently warned about using caution with such programs and danger of making a "bulent claim"⁴. Again check for projected increases in payments to such calendar pack quantities changes.

There is a risk that computer programs using accurate data will make the handling of NHS dispensing more efficient and improve

monthly returns. Check with the system supplier that information contained in updates is sufficiently current. They should stop the issue of disallowed items and ensure that additional fee claims are not forgotten. The improvement will depend on how well each contractor performed before the introduction of the computer. They will become even more beneficial, shortly, when the NHS Blacklist is extended^{5,6,7}.

Dr J S Morris
Sutton Coldfield

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- 2: PPA lecture to LPC Preston, Nov 17, 1992
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- 7: *Pharmaceutical Journal*, 1992; 249; p673

The logic of Ciproxin 750

I can appreciate the professional dilemma which Xrayser alludes to in his analysis of the pricing structure of the new Ciproxin 750mg tablets (*C&D* April 24, p749). On the one hand multiples of 250mg tablets do cost more than the 750mg strength (presumably it costs more to make three tablets of a lower strength). On the other hand it is well known that the greater the number of tablets a patient takes in a day the more likely some defaulting will occur — with potentially disastrous consequences.^{1,2,3}

Unlike some antimicrobials the dose range for Ciproxin is wide — as little as 250mg twice daily for urinary tract infections to 750mg twice a day for severe respiratory tract infections.

I think, on balance, the new formulation will be a useful one and may offer cost savings for the NHS as a whole.

Jonathan Cooke
District pharmaceutical officer,
South Manchester Health Authority

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- 1: Francis V *et al.*, Gaps in doctor-patient communication: patients' response to medical advice. *New Engl J Med*. 1969;280:535-540
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Pharmacy fabric is now under threat

It is a disgraceful statement from PSNC secretary Stephen Axon blaming the pharmaceutical Press for the Department's "ridiculous offer of a level of 2,000 prescriptions per month".

Just to remind Mr Axon, it is the duty of the pharmaceutical Press to help the readership to think ahead and highlight any flaws in half-baked schemes put forward by the PSNC or the Department. The pathetic fiasco unfolding before us is a direct result of proposals not critically discussed within the profession.

Mr Jeremiah has indicated (*C&D* May 1, p804) that movement to a single tier system will lead to removal of control of entry. Therefore the argument that the present remuneration package will lead to rational distribution of pharmacies is total hypocrisy. Now the hidden agenda that has hitherto been mentioned but strenuously denied by the Department is there for all to see. Demise of control of entry for pharmacy will lead to every supermarket, drug store and doctor practice clamouring to set up dispensaries.

Due to the sheer folly of our negotiators in trying to get rid of small contractors who dispense less than 1,000 prescriptions, the entire fabric of pharmacy is now under threat. Survival of pharmacies is dependent on the survival of the small contractors. The very reasons used to keep the *status quo* is to prevent the floodgate of new dispensing sites from opening.

Dinesh Patel
London SW20

Industry push on drug costs: the hidden agenda?

Pharmacists looking for the hidden agenda are perhaps looking in the wrong direction. Rather than the Department of Health, perhaps we would look towards the pharmaceutical industry, which continually brings on to the market drugs which are often over-priced. One of the most recent wonder drugs is new Perinal spray, which has an ingredient cost of less than £2 (and my calculations are generous — see footnote), yet has an NHS price of £6.47. Why is this, we must ask, since the two ingredients are long-established, well-used products. Little or no safety trials were needed, and metered dose pump sprays are not expensive. Must we conclude that an excess profit is being made on this item?

The hidden agenda is perhaps the pharmaceutical industry stoking up NHS costs, happy in the knowledge that the Government will strive to cut these costs elsewhere, eg in payments to pharmacy

contractors. Perhaps the industry wants a contraction in pharmacy numbers so that people will be forced to the doctor more, who will naturally prescribe more of the very same drugs that bring excess profit to the pharmaceutical industry.

If the Government wants to make savings, it should investigate the NHS cost of each and every drug, and have the industry defend each and every price. I am not against profit — I am a pharmacist after all! — but I am against excessive profits, and also against misguided attempts by the DoH to curb NHS costs.

John Thompson
Inverkeithing

Costings

Aqueous spray containing:
0.2 per cent w/w hydrocortisone BP
1 per cent w/w lignocaine HCl BP
AAH wholesale price (April PLOF)
Hydrocortisone BP per 5mg (average for Evans & TR)

Thus for 60mg £13.60
Evans 1 per cent Lignocaine injection, 10 x 2ml pack £0.16

Thus for 30ml £1.43
Total cost ingredient: £2.15
Convert wholesale prices to factory prices at bulk buying rates and we have a NIC of below £2.

Sugar-free, but not all the way

We were interested in the comments in *Topical Reflections* (*C&D* April 17) concerning the availability of sugar-free antibiotics. At H.N.Norton, we have taken the view for some years that the use of sugar-based products should be avoided, (except where essential for product stability) and have supplied sugar-free amoxycillin liquid products for some time.

We currently have a number of other sugar-free liquid products under review, but unfortunately the stability work and preservative testing needed to change long-standing products from sucrose to non-sucrose base is almost as much as for a new licence itself, and can only be done as time and resources permit.

However, on a positive note, all new liquid products are now automatically formulated using a non-sugar sweetener.

A.J. Woolfe
Technical director, H.N. Norton



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* Nielsen: Jan/Feb '93 Kabi Pharmacia, Davy Avenue, Knowlhill, Milton Keynes MK5 8PH.

With new packaging, the brand leader should stick out even further.



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FOR FURTHER INFORMATION ON OTRIVINE, PLEASE TELEPHONE ZYMA HEALTHCARE ON 0306 742800 AND ASK FOR SALES SERVICES. 'OTRIVINE' IS A REGISTERED TRADEMARK.



Demystifying intravenous nutrition

Intravenous nutrition is now be considered a routine part of hospital care for many patients. Ian Goss of the Pharmacy Department, Leeds General Infirmary, summarises the current state of practice within the UK

Recent years have seen the spread of intravenous nutrition (IVN) services from specialist centres to the point where they are now an option for most hospital pharmacy

departments. The role of specialist support, both professional and commercial, has been crucial to this development.

The clinical, nutritional and

pharmaceutical issues surrounding parenteral nutrition continue to fuel much research activity.

IVN has been demystified to a large extent. A simplistic

approach such as this should not devalue the scientific basis on which IVN is founded. It is true, however, that ample resources are now available to aid the non-expert in providing adequate nutrition to all but the most complicated clinical cases.

In keeping with current conventions, adult and paediatric IVN usage will be dealt with separately.

Indications for IVN

The intravenous route should always be considered when a patient's nutritional requirements cannot be met orally or enterally.

Absolute indications for IVN include:

- Short bowel — patients with very short or no bowel will not survive without IVN.
- Severe malnutrition — loss of 25-30 per cent body mass, particularly over a short timescale, will be difficult to manage without IVN.
- Catabolic patients — for example, multiple trauma (including surgical trauma); pancreatitis; severe renal or liver failure; major sepsis; extensive burns.

There are a number of relative indications for IVN where the decision is less clear. These include pre- and post-operative use in moderately malnourished patients, or as adjunct therapy in cancer patients who are frequently cachectic. Cost-effect analysis has its place in this debate.

Nutritional requirements

• Protein. Many methods exist to estimate daily protein requirements. Many are complex and esoteric. A simple rule of thumb is:

Patient type	Daily nitrogen requirement (gN/kg)
Medical	0.15
Post-op surgical	0.2
Hyper-catabolic	0.3

Continued on p11



Continued from p1

in practice, most patients will receive 9-13g nitrogen per day. More concentrated amino acid formulations allow the delivery of appropriate amounts to severely fluid-restricted patients.

The range of commercial synthetic L-amino acid solutions now available on the market provides more than adequately for all situations.

• **Energy.** Again, many formulae exist. A baseline requirement of 160kcal/g nitrogen is a reasonable working rule. Paediatric patients, especially in the neonatal period, have much higher requirements (see later), and it is necessary to provide calories for growth in addition to baseline requirements.

The optimal ratio of glucose:fat as a non-protein calorie source has been the subject of much research and debate. A "normal" diet derives 25-40 per cent of its total energy requirement from fat.

The use of glucose alone may saturate the body's glucose oxidation capacity. Excessive glucose administration not only leads to glucose intolerance, but it is associated with fatty infiltration of the liver and an increase in CO₂ production.

Intravenous fat emulsions are well tolerated. They are isotonic, thus reducing the risk of thrombophlebitis, while providing concentrated calories (2kcal/ml).

Intravenous lipid provides a supply of essential fatty acids. Early concerns over adverse effects on the RES seem less of a problem with experience.

Excessive use should be avoided, as hyperlipidaemia and deposition into organs such as the lungs and liver may result.

A reasonable compromise would be a 50:50 split, with half the calories coming from fat, the rest from glucose. In practice the lipid quantity is adjusted to whole container values, in view of the significant expense of the commercially intravenous lipid products.

• **Other ingredients.** A complete range of electrolyte requirements, trace elements and vitamins may be added to the IVN solution. Quantities are dictated by the patient's clinical condition. Trace elements and vitamins are rarely added in other than standard unit amounts.

The concept of an all-in-one mix of glucose/protein/fat is now accepted practice in most units. There are significant advantages for patient and nursing/medical staff in such a system. The pharmaceutical implications are discussed below.

Routes of administration

Two questions arise concerning which route to use for IV feeding (central or peripheral) and whether continuous or cyclical infusion of IVN is best.

All IVN was initially given via central venous cannulation of

the superior vena cava via (usually) a subclavian vein. This technique requires considerable expertise, both in siting and cannula maintenance. The complications are well documented and may contribute to patient morbidity.

It remains, however, the method of choice in some situations. Examples are:

- when hypertonic solutions are used, especially in fluid-restriction
- long-term IVN
- for patients at home
- for patients where circulatory access is difficult.

The use of peripheral cannulae for IVN is receiving increasing attention. Early attempts were discouraged by unacceptably high rates of thrombophlebitis and the difficulty of formulating IVN solutions of lower osmolality.

More recent approaches have seen the use of fine-bore silicone cannulae, plus pharmaceutical adjuncts such as GTN patches for venodilatation and the (more controversial) addition of heparin and/or hydrocortisone into the formulation.

The peripheral route is now an option for many patients, especially when IVN is likely to be for a relatively short period. In less experienced hands it is easier, cheaper and carries a lower risk than the central route.

Cyclical IVN should be mentioned briefly. Its advocates argue that reducing infusion time preserves peripheral venous access sites and reduces incidence of thrombophlebitis. The case is not yet proven, although long-term and especially home-based patients may infuse IVN on a cyclical basis to enable them to lead a more normal life. Such quality of life considerations are important in this patient group.

Pharmaceutical issues

Stability is the one issue which overrides all others. All-in-one is the gold standard option for IVN. Emulsion based systems are thermodynamically unstable. Add a variety of electrolytes, a dash of trace metals and so on to the equation and stability predictions become very difficult. The physico-chemical parameters which affect stability are extensively covered in the literature and will not be discussed here.

To be positive, commercially available "standard" IVN solutions may be bought off the shelf. It is possible to provide nutritional support with minimal local pharmacy input using such an approach.

It must be recognised that not every hospital has the luxury of a multidisciplinary IV nutrition team. In more complicated cases, pharmacists must be involved in IVN prescribing because stability is a key issue.

In summary, compounding practice will vary according to the desired stability of the formulation. Much activity has been focussed on collecting

data to extend shelf lives to enable IVN solutions to be prepared within hospital pharmacy manufacturing units on a batch basis. A unit preparing solutions to be used within 24 to 48 hours may routinely use formulations which, although unstable, have adequate shelf life for the purpose.

The role of the pharmaceutical industry in providing stability information on their own products must be acknowledged here. There is an immense pool of information available to the compounding pharmacist.

Long-term storage of compounded IVN solutions has highlighted stability problems associated with the container system. EVA bags are essential as lipid leaches plasticiser from PVC bags.

The standard EVA bag is, however, gas permeable and air (oxygen) can diffuse into the bag on storage. The degradation of vitamins — notably vitamin C — has been demonstrated due to this effect. Air may "gas out" into the giving set as the solution warms to room temperature. This bubbling effect can play havoc with air alarms on infusion devices.

There are now bags of multi-layer construction which are gas-impermeable. They are more costly, but should be considered if long-term storage is desired.

What next?

The nutritional research unit is a world apart from the average surgical ward. They are linked, however, by the commitment to nutritional support. The range of materials, information and professional support make

intravenous lipids are now on the market. They are essentially the same, 10 per cent or 20 per cent emulsions of long-chain triglycerides arising from soya bean oil and egg phospholipid.

Newer formulations incorporating medium-chain triglycerides are now available but have yet to make an impact on clinical practice.

Micronutrients — These may be inorganic (trace elements) or organic (vitamins). Their importance has been acknowledged for some time. There are, however, factors which limit their use. These are:

- Difficulty in assessment and monitoring patient status
- The non-availability of parenteral formulations.

Particular attention has been paid recently to zinc, which is now used in pharmacological doses for its action in promoting wound healing, and to selenium, which plays a role in rapid lipid metabolism. Carnitine, an essential co-factor of fatty-acid metabolism, is another micronutrient seeing significant research interest at present.

Paediatric patients

IVN is an integral component of neonatal intensive care. In addition to the criteria listed above for adults, the parenteral route is indicated:

- As total parenteral nutrition to infants in whom enteral feeding is contra-indicated or impossible, for example ill pre-term infants; infants with necrotising enterocolitis; protracted severe diarrhoea; congenital gastro-intestinal abnormalities
- As a supplement for extremely premature infants until they are able to tolerate adequate enteral intake.

Table 1: Nutritional requirements relating to age

Age (yrs)	Fluid (ml/kg)	Protein (g/kg)	Fat (g/kg)	CHO (g/kg)	Energy (kcal/kg)
0-1	150	3-3.5	4	13	100-120
1-3	100	2.6-3	4	10	90-110
3-6	90	2.0	4	8	90-100
7-12	70	1.5	3	8	80

IVN services easier to provide than at any time in the past.

Current areas of research include:

- **Novel nitrogen substrates** — intravenous peptide research has focussed particularly on glutamine. This is a specific nitrogen and energy source for the gut and cells of the immune system. Glutamine supplemented IVN may have several benefits:
- Providing a specific fuel for the gastro-intestinal tract
- Reducing gut permeability to bacteria/endotoxin
- Repletion of the intracellular muscle "pool" of glutamine.

Free glutamine is poorly soluble and unstable in solution. It is not a practical proposition for formulation into IVN solutions.

Incorporation as a dipeptide is under investigation. The cost is likely to be significant.

Fats — A number of

These two categories account for the greatest proportion of IVN in paediatric practice. Specialist units (such as oncology/haematology, liver disease, burns, cystic fibrosis) will develop their own protocols for IVN support.

Nutritional requirements

The energy requirements of an extremely premature infant are colossal (120kcal/kg). The rapid growth and development needs, particularly of the brain, make adequate nutrition a high priority.

All infants have poor nutritional reserves. The premature infant has none. This patient group is metabolically unstable. Renal and liver function is compromised and there are high fluid losses

Continued on p19

BREVIATED PRESCRIBING INFORMATION. SALAMOL INHALER.

PRESENTATION Metered dose aerosol delivering 100 mcg Salbutamol BP per inhalation. **INDICATIONS** Treatment and prophylaxis of bronchial asthma. **DOSAGE** Adults (i) Acute bronchospasm and intermittent episodes of asthma - one or two inhalations as a single dose. (ii) Chronic maintenance or prophylactic therapy - two inhalations three or four times a day. (iii) To prevent exercise induced bronchospasm - two inhalations should be taken before exertion. **Children** (i) Acute bronchospasm, allergic asthma or before exercise - one inhalation. (ii) Routine maintenance or prophylactic therapy - one inhalation three or four times daily. **CONTRA-INDICATIONS** In view of the fact that salbutamol has been administered intravenously and orally in the management of uncomplicated premature labour, our Salamol Inhaler should not be used in threatened abortion during the first or second trimesters of pregnancy. Salamol Inhaler is contra-indicated in patients with a history of hypersensitivity to its constituents. **WARNINGS** Potentially serious hypokalaemia may result from beta₂ agonist therapy. It is recommended that serum potassium levels are monitored when the hypokalaemic effect may be potentiated by concomitant drugs or hypoxia. Propranolol and other non-cardioselective beta-₁-receptor blocking agents antagonise the effects of salbutamol. **PRECAUTIONS** Patients with hyperthyroidism or who are hypersusceptible should use salbutamol containing products with caution as should those patients suffering from diabetes mellitus, serious cardiovascular disorder or hypertension. Asthmatic patients whose condition deteriorates despite salbutamol therapy, or where a previously effective dose fails to give relief for at least three hours, should seek medical advice, alternative or additional therapy including corticosteroids should be instituted promptly though adverse metabolic effects of high doses of salbutamol may be exacerbated by concomitant administration of high doses of corticosteroids. **SIDE-EFFECTS** Potentially serious hypokalaemia may result from beta₂ agonist therapy (see Warnings). Salbutamol at large doses may cause fine tremor of skeletal muscle (particularly the hands), palpitations and muscle cramps. Slight tachycardia, tenseness, headaches and peripheral vasodilatation have also been reported after large doses but these are less usually associated with the inhalation dosage form. **USE IN PREGNANCY AND LACTATION** Salbutamol should be used during pregnancy or lactation only after careful consideration by the medical practitioner. **LEGAL CATEGORY** POM. **PACKAGE QUANTITY** Metered dose aerosol dispensing approximately 200 doses. **PRODUCT LICENCE NUMBER** PL 30/0246 **BASIC NHS PRICE** 200 dose 200 mcg/dose £1.85. Further information available on request from Baker Norton Limited, Gemini House, Flex Meadow, Harlow, Essex CM19 5TJ **DATE OF PREPARATION** April 1993



Right



price.



Right



quality.



Right



colour.



Right



now!

It has been highlighted recently¹ that General Practitioners are being urged to prescribe inhalers for asthma treatment by brand, to avoid confusion amongst patients. The problem arose from some manufacturers' non-compliance with the traditional inhaler colouring - a blue inhaler to signify "reliever" therapy and a brown inhaler for "prevention" therapy. There is now an inhaler that provides a welcome solution - the new, blue Salamol Inhaler from Baker Norton. With the reassurance of manufacture at a quality assured plant, continuity of supply, and a price that reflects Norton Healthcare's cost-saving reputation, Salamol Inhaler is good news for your customers and great business for you. The Salamol Inhaler from Baker Norton. Whichever way you look at it, getting the blues never felt so good!

Ref 1. *Independent Community Pharmacist*, January 1993, GPs urged to prescribe by brand for asthma.

**Salamol
Inhaler**

salbutamol 100mcg

**BAKER
NORTON**

Quality Medicines at Sensible Costs

Continued from p11

through the infant's much thinner skin.

Monitoring is far more critical than in adults or even in older children. IVN decisions in this group need to be made rapidly.

The differing nutritional requirements with age are highlighted (see table 1).

In the premature infant, fluid capacity is the limiting step in determining how effectively nutritional needs can be fulfilled. Calculation of the fluid volume available overrides all other decisions in formulating an intravenous feed.

Protein

In infants, cystine, tyrosine and histidine are essential amino acids in addition to the usually accepted eight.

More recently taurine has been recognised as essential and has been incorporated into amino acid formulations designed for infant IVN. It is believed to reduce the risk of cholestatic jaundice associated with IVN in infants and young children.

Older amino acid solutions containing high concentrations of phenylalanine are no longer appropriate for infant nutrition.

Energy

Glucose is the best tolerated carbohydrate source. Fat, despite its high calorific value and isotonicity, is viewed with caution in neonatal practice. Poor lipid clearance may lead to accumulation in the pulmonary vascular bed, with consequent hypoxia.

"All-in-one" mixes are rare in paediatric practice, and not used for neonatal IVN. Separate infusions of lipid are infused, usually over 20 hours, to give a lipid-free interval to reduce the possibility of lipaemia.

Septic, acidotic or shocked patients metabolize lipid less well. Many neonatal patients fall into these categories, hence the need for caution in its use.

Electrolytes

Very low birthweight (VLBW) infants have increased requirements for sodium and potassium. The immature kidney's function in electrolyte homeostasis is poorly developed. There is considerable flux in electrolyte status and close monitoring and adjustment of the IVN prescription is essential.

The most pressing problem is delivering adequate quantities of calcium and phosphate (see below).

The provision of trace elements and both water and fat-soluble vitamins is straightforward using specifically formulated paediatric preparations.

Problems!

Administration — The peripheral route is simplest for short-term feeding (less than two weeks). Central access can be difficult notably in ICU situations where a number of drugs may also need to be given. Such situations may

necessitate central venous cannulation, as does longer term IVN, or the use of high-strength dextrose solutions.

The low flow rates associated with neonatal feeding place great onus on the use of high quality infusion pumps, which should be volumetric in operation.

Complications — Reference is made above to the unstable metabolic state of VLBW infants. The close monitoring of electrolyte status, glucose tolerance and fluid balance are critical.

Longer term IVN raises the question of monitoring less acute parameters. The burden of providing nutrients for growth as well as baseline requirements must be addressed. Various anthropometric measurements may be useful, eg body length, skin folds, head circumference.

Trace element deficiencies may become apparent over a longer timescale. Cholestatic jaundice of unknown aetiology is a well-documented complication of IVN in infants/children. Liver function should be monitored weekly. **Pharmaceutical problems** — Separate lipid administration removes most of the headaches over stability encountered in adult practice.

The main problem in neonatal practice especially is the constraints imposed by fluid restriction. There are occasions when optimum nutrition cannot be provided and compromises must be accepted.

Calcium and phosphate present serious problems. Mineralization of the foetal skeleton occurs late in pregnancy, and premature infants miss out on much of this process. Metabolic bone disease and frank rickets may occur.

The use of organic phosphates has been proposed as a solution to the limited compatibility of inorganic phosphate and calcium salts. Glucose-1-phosphate and sodium/calcium glycerophosphates have been used successfully in this context by various researchers.

A variety of calculations and nomograms are available to aid formulation of stable inorganic mixes. There is inevitably less than optimal provision of both compounds.

The Future?

The amino acid preparations in current use have profiles based on breast milk. It is open to question whether this is appropriate for an infant of 26 weeks gestation. VLBW formulations are being investigated in some centres.

Further work using organic phosphates may improve bone mineralization in this patient group. The research interest in micronutrients is also being examined in paediatric practice.

As mentioned above, the "second generation" intravenous lipids, incorporating MCT/LCT mixtures could bring some clinical benefit to paediatric as well as adult IVN.

Benefits from

Pharmacists are gaining increasing experience in helping curb drug abuse and its consequences. Jeremy Clitherow, FRPharmS, explains why syringe and needle exchange schemes are proving successful in community pharmacies

There can be little better credible evidence that community pharmacy syringe and needle exchange schemes do work than the unbiased statistics which show that the 17 urban and suburban pharmacies of one major northern city have overtaken their central health authority in the number of needles and syringes exchanged.

Even more dramatic was that the number of exchanges made by the health authority did not drop. It remained static. The impact of pharmacies was thus incremental and not merely displacement. One can also assume that the pharmacies contacted a different class of clients. They were probably unregistered users, recognised as being most at risk — the submerged part of the drug abuse iceberg.

The crossover point at which pharmacy overtook the health authority was at 14,000 units per month. So the cumulative total of sterile units supplied and exchanged in that city each month was 28,000.

Further proof of success of the exchange policy lies in the fact that the city has the highest percentage of injecting abusers in the UK and yet the incidence of HIV among them is virtually nil.

Recognition

Two Health Secretaries — William Waldegrave and Virginia Bottomley — have recognised the value of community pharmacy syringe and needle exchange schemes.

Mrs Bottomley acknowledged that drug misusers are often difficult to reach, but that pharmacy schemes had been an enormous success. In a climate where a 1.5 per cent pay ceiling has been imposed on the public sector, she announced an increase in funding of 83 per cent. Such funding comes directly from the Department of Health and is ring-fenced, so that it can not be used for any other purpose.

The monies represent an investment in pharmacy. The dividend will be reaped by everyone, one way or another.

Model basic aims

Pharmacy-based syringe and needle exchange has three basic aims. They are:

- To provide access to sterile injecting equipment to determined, or potential, injecting substance misusers with anonymity, dignity and professional responsibility.
- To remove contaminated

sharps waste from the environment at approximately the same rate as it is generated.

- To provide appropriate educational material, health aids and health advice in keeping with harm reduction and alteration of lifestyle.

Expanded aims

It would be naive to believe that needle sharing does not exist. People do, and probably always will, take drugs and some will inject them. Our task must be to address the subject on two fronts — prevention and damage limitation.

Prevention The doom and gloom messages and threats of the inevitable consequences of AIDS did little to prevent drug misuse. Such campaigns are less successful than those which set out to raise awareness, inform and let people make a sensible, informed and correct decision.

Syringe and needle exchange can be the tool to inform the injector of the facts and let him decide on the preferred option. It is the exception who gives up everything at once. The normal route is cessation of sharing, notification, detoxification, or maturing out of the habit, and eventually drug free. But drug abuse is a chronic and relapsing condition. It is long term and people succumb to temptations.

Syringe and needle exchange can be the mechanism for repeated contact and low key encouragement. The door should always be open for the user to come back into the fold with dignity and try again.

Damage limitation This can be subdivided into damage to the environment and damage to the individual. The first is social and revolves around crime to buy the illicit and street merchandise, the people involved in distributing it, and contamination of the environment with the used paraphernalia of drug abuse.

The second is more pertinent to the pharmacist and revolves around the person who is injecting. The Advisory Committee on the Misuse of Drugs was the first to document that HIV is a greater threat to the community than drug abuse. That was, and still is, true. Most syringe and needle schemes originated from that premise. Nowadays, other risk factors are added.

Hepatitis B is far more prevalent and infectious than HIV, but relatively few users have been protected in the past. The major difference between the two is that we can vaccinate against hepatitis B

Syringe exchange schemes

but can only use preventive measures against HIV.

Why not tell those at risk the facts? And why not explain about the avoidable dangers of septicaemia from using non-pyrogen free water and contaminated equipment? If the user is receptive, open questions can produce an effective dialogue.

Have you ever thought of asking about the person, what the hit is like or how it all started? Now may not be the time, but soon it will.

Russian roulette

No-one is born knowing how to inject. It is a learned behaviour.

Most "first times" are done by a drug-using friend, often with a syringe and needle still warm and wet with someone else's venous blood. That is the first risk factor.

The more often there is contact with the risk behaviour, the closer become the odds of a fatal encounter. The second risk factor is that drug abuse is repetitive and chronic. The odds close and keep closing.

It is akin to a game of Russian roulette. Death could follow as quickly as the bullet strikes or take eight to ten years for HIV to destroy the immune system. Amputations could follow the occlusion of an arteriole by an

accumulation or swollen bolus of talc or starch after the injection of a slurry of unfiltered crushed Diconal tablets or the gelatinous globule of a cooling thixotropic temazepam dilution.

The first hit

This is usually as a result of peer pressure or a hedonistic pursuit of pleasure. It is often less pleasant than expected but once the recipient has passed through the discomfort and emetic barrier, the experience will remain a lifelong and vivid memory.

The first hit will probably be heroin. It is most likely to be street heroin and of uncertain purity. The result will, however, be common to all. It is the reverse of the experience of sliding down into anaesthesia. The rush into intoxication is often described as akin to a sexual orgasm, the ultimate pleasure and heaven on earth.

Two factors are noteworthy. One is the gradient of the plummet into intoxication and the other is the euphoric effect. With increasing time both of these effects become more elusive but the quest remains predominant. Soon "the jaws of the dragon" have closed and a shot is needed just to feel well.

What do they do?

The user will first find a vein. He will rub up it to make it stand out but rarely swabs the skin with spirit or disinfectant. A tie or a belt will improvise as a tourniquet. He will slide the needle into the vein at an oblique angle and pull back the plunger of the syringe. Blood being drawn back into the barrel is a sign of success.

The user will not want to waste his purchase by injecting it into the flesh around the vein. Once he sees the blood going into his injection he will shoot up, usually quickly because that produces a more concentrated venous bolus and the best and most profound effect.

He will flush the works by drawing up a barrel of his own blood and re-injecting it. He does this to rinse out any remaining drug, but he must be quick because his dose will very soon hit his brain. Ideally he will withdraw the needle, swab the site and press with a clean dressing.

Awareness

Only by knowing what the user does and experiences can a caring pharmacist reduce the harm the injector does to himself. Needle sharing can be stopped at a stroke. To do so, the user must have access to sterile equipment when and where he wants it.

A user who is drying out, involuntarily, may be fortunate and find a dealer with stock to sell. The hit is more important than health promotion.

On such occasions he may well resort to using an old

needle. The tip is oblique and delicate. It has been jabbed against a hard object — stored in the top of a boot or carried in the bottom of a handbag, for instance — it will bend and often curl over, away from the orifice.

In cross section the needle end will look similar to a fish hook, complete with barb. A barbed needle sliding in and out of the flesh and up and down the inside of a vein produces irreparable damage. The vein collapses. The moral is to use a new needle each time.

Communication

Pre-injection swabs are cheap and widely available. They make useful disinfection swabs and post-injection pressure dressings. They act as invaluable aids to opening dialogue and beginning communication.

A quick aside when giving out scripts for methadone mixture, such as "How are you fixed for swabs?", will produce an answer which will surprise many pharmacists. Many such controlled methadone patients will divulge that they still inject on occasion and gratefully accept the offer of the swab.

Couples living together often share the same habit. If one is registered and the other is not, they pool their stock and try to eke out the effects or, more likely, augment it by illicit purchases. Pharmacologically and commercially, intravenous injection is the most cost effective route of administration.

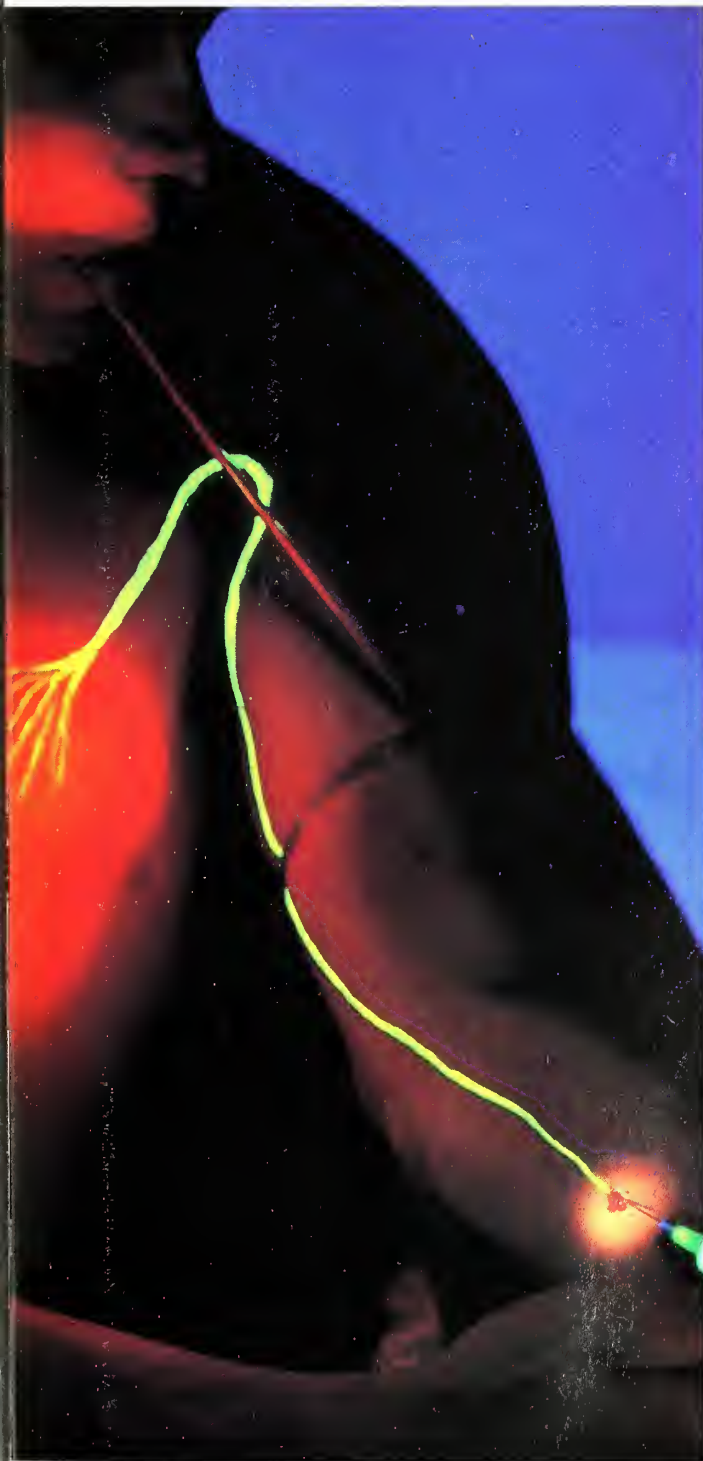
Cost benefit analysis can also be a useful tool for the pharmacist. The costs to the user will be financial, short term health, long term health, mortality and the insecurity surrounding personal freedom. The benefits will be equal and opposite.

Decision time

The argument that you know it makes sense may be valid but it is only effective if the user is aware, knows and understands. Early on in their drug career, most users will be blissfully unaware and happily injecting. That is one extreme. The other extreme is permanently drug free, aware and using sterile injecting equipment, thinking about changing to an oral route and oral use only, in between.

Only if the user is in possession of the full facts can he make the informed decision to change his lifestyle and then to maintain it. Herein lies another facet for the pharmacist to exploit in putting over the health message.

Protracted informed dialogue and repeated contact will engender trust. How the message is delivered will be down to the pharmacist himself and his communication skills. That message is simple: "You know it makes sense, come into the fold."



Picture: Oscar Burnel/Latin Stock/Science Photo Library

Effect of statins on sleep is measured



There has been controversy over claims that certain statins impair the quality of sleep. The underlying theory is that lipophilic agents such as simvastatin more readily penetrate the CNS than hydrophilic statins like pravastatin. This is clearly an important issue for drugs which must be taken for an asymptomatic condition for a lifetime, but there has been a lack of evidence to clarify the issue.

Now, the manufacturer of simvastatin and workers from Sweden have conducted a detailed double-blind analysis of sleep in subjects with hypercholesterolaemia taking simvastatin (20mg/day) and pravastatin (40mg/day). These doses were shown to have similar effects on lipid levels.

Subjects were randomised to 28 days' treatment with each drug or placebo. Subjectively, no differences between either drug or placebo were recorded in the quality of sleep. Objective measures of sleep induction and maintenance by polysomnography detected no differences in the number of awakenings, total sleep time, REM sleep or wakefulness during sleep. However, the latency to onset of sleep was greater during treatment with pravastatin than with simvastatin or placebo.

This experiment refutes the suggestion that lipophilicity is

an important determinant of the statins' effects on sleep — in fact, there appear to be no

important effects. *British Journal of Clinical Pharmacology* 1993;35:284-9



Impact of ACE inhibitors on quality of life

Quality of life became an important issue in the management of hypertension in 1986, when an American study demonstrated that the adverse effects of propranolol and methyldopa — but not captopril — had a significant negative impact on day-to-day living.

In fact, some measures actually improved during treatment with captopril, prompting speculation that the drug may have a positive effect on certain CNS functions.

Subsequent research has shown that most newer antihypertensives, including some beta-blockers, do not significantly impair quality of life and there has been little evidence of important

ferences between them. This is the findings of a new study all the more surprising.

The effects of captopril and enalapril have been compared in 379 otherwise healthy men with mild to moderate hypertension (90-115 mmHg diastolic). (In the UK, people with a diastolic pressure in the

lower 90s, who comprise a large proportion of the patients in this study, are not routinely given antihypertensive drugs.)

After a four-week washout, they were randomised double-blind to captopril 25-50mg twice daily or enalapril 5-20mg daily; hydrochlorothiazide was added to either drug if needed. The dose was titrated during the first ten weeks and treatment continued for a further 14 weeks.

The two ACE inhibitors were equally effective in reducing systolic and diastolic blood pressure. Four adverse events were reported by more than 5 per cent of patients and there were no significant differences between the drugs in their frequency.

Headache was reported by 15-16 per cent of subjects; asthenia by 9-10 per cent; dizziness by 7-8 per cent; and cough by 5-6 per cent. About one-fifth of subjects withdrew from treatment with either drug, largely due to adverse events, lack of efficacy and unrelated illness.

Treatment had a significant

effect on measures of quality of life. The effects of captopril were almost uniformly positive on scales assessing the impact of adverse effects and symptoms; general health and well-being; vitality; emotional ties and control; and general mood. Only a "sexual-symptom distress" scale changed substantially for the worse.

The effects of enalapril were more varied: there were positive changes in scales measuring well-being, anxiety and emotional ties but negative changes on the sexual-symptom distress scale and measures of well-being at work, general health, vitality and emotional control.

The greatest impact of captopril appeared to be among people with the poorest initial quality of life scores. When subjects were divided into three groups according to their baseline scores, the group with the lowest score improved more consistently and by more during captopril treatment than those with medium or high scores.

By contrast, the changes

associated with enalapril were much the same irrespective of initial ratings of quality of life.

It is one thing to measure changes like these on research tools such as quality of life scales, but does it make any difference in real life?

To address this question, the researchers compared scores on adverse effects and symptoms, stress and life events scales.

They found that scores of psychological well-being were correlated with patients' reports of adverse effects and symptoms, and with adverse life events. These changes were judged to be substantial and clinically meaningful.

Why there should be such a difference between two drugs with apparently identical effects is unclear. The authors again speculate that captopril may have a positive effect on mood, possibly via changes in central peptide or cholinergic mechanisms, but the implications for prescribing are unclear.

New England Journal of Medicine 1993;328: 907-13

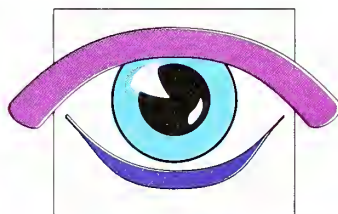


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Determinants of the response to antihypertensive agents

Current thinking on treatment to lower blood pressure is to tailor it to individual needs. This means selecting drugs according to their suitability in the presence of concurrent disease — avoiding beta-blockers in people with asthma or diabetes, for example — but race and age are also determinants of efficacy. The importance of these factors appears to vary according to the class of drug prescribed.

In an American study, 1,300 men with mild to moderate hypertension were randomised to placebo or one year's treatment with one of six antihypertensives, in doses adjusted to maintain diastolic blood pressure below 90mmHg. The drugs represented a cross-section of those in common use: atenolol, hydrochlorothiazide, captopril and slow-release diltiazem, and two less widely used here, clonidine and prazosin.

During a two-month titration phase, the target blood pressure was achieved in significantly more people given diltiazem than with other drugs, though they tended to need higher doses (120-360mg daily). By contrast, 45 per cent of those given the thiazide reached the target at the lowest dose of 12.5mg/day and almost 50 per cent did so with atenolol (25mg/day), clonidine and prazosin.

Overall, 57 per cent achieved the target blood pressure without intolerable adverse effects and moved into the ten-month maintenance phase.

In this period, the average blood pressure increased slightly, and by the end of the year there were significant differences between the drugs.

Judged by the criterion of maintaining diastolic pressure below 95mmHg in all 1,300 patients, diltiazem was most effective (59 per cent) — significantly more than captopril and prazosin (42 per cent each) but not atenolol (51 per cent) or hydrochlorothiazide (50 per cent). The placebo response was 25 per cent.

Race and age were strong determinants of the response to long-term treatment. Captopril, clonidine and atenolol were most effective in young white men but differences among older whites were less marked. Among black men, younger men responded best to diltiazem and older men equally well to hydrochlorothiazide and diltiazem.

By the end of the study, diastolic pressure had almost returned to baseline levels and systolic pressure had actually increased in those given clonidine. Adverse events were more common with clonidine (14 per cent) and prazosin (12 per cent) compared with the other drugs (3-7 per cent) and placebo (6 per cent). More than half the subjects were unable to compete the study.

The data suggests that about half of people with mild to moderate hypertension can be treated with monotherapy and that the treatment should be guided by age and race. However, the results may be overly pessimistic: no advice was given on lifestyle and diet, even though this substantially contributes to the control of blood pressure.

New England Journal of Medicine 1993;328:914-21

Protecting cartilage

Cartilage is more than an inert cushion in the joint. It is in a dynamic equilibrium of synthesis and degradation according to the demands of its environment.

In an arthritic joint, proteolytic enzymes are secreted by inflammatory and synovial cells which break cartilage down; at the same time, the synovium invades and proliferates. In particular, it is believed that the cytokine interleukin-1 (IL-1) alpha

contributes to this destructive process by stimulating cartilage breakdown and inhibiting synthesis by chondrocytes.

Although cartilage repair is essential to the survival of the joint, it seems that NSAIDs may actually depress cartilage synthesis and therefore might exacerbate the underlying disease. Pfizer has developed a new drug which may help minimise such joint damage. Tenidap has been shown to reduce the production of inflammatory mediators, including IL-1 alpha. Research is still at the preclinical stage but recent *in vitro* evidence appears encouraging.

The effects of tenidap, diclofenac and naproxen were compared in cultures of bovine and porcine cartilage. IL-1 alpha increased the catabolic activity and decreased the synthetic activity of cartilage. Tenidap markedly reduced cartilage breakdown, but its effects on synthetic activity — more important for human cartilage — though still positive, were less substantial; tenidap had no effect on the proliferation of synovial cells but it did reduce the production of damaging chondrolytic enzymes. Neither naproxen nor diclofenac exerted any significant effect at therapeutically relevant concentrations.

If the findings are predictive of tenidap's effects *in vivo*, a new generation of antiarthritic drugs may near. However, work remains to be done before clinical success can be claimed. *Annals of the Rheumatic Diseases* 1993;52:292-9

Patient knowledge and steroids

Oral steroids are an effective but often last resort in the management of debilitating conditions such as asthma, rheumatoid arthritis and inflammatory bowel disease.

Their effects on the hypothalamic-pituitary-adrenal axis are profound, and adrenal suppression can occur after only five days treatment with high doses. If adrenal suppression does occur, supplementary steroids are essential to avoid adrenal crisis during episodes of illness and stress. Which is why steroid cards and other alerting systems such as Medic Alert are so important, and why the findings of a recent survey in Leeds are disturbing.

One hundred adults who had been taking steroids for two months or more were questioned at hospital clinics. Most (96 per cent) said they had been given a steroid card in the past, but only two-thirds were carrying one at the time. One-fifth owned a Medic Alert pendant but only half of these were wearing it at the time and, of these, most also carried a steroid card. Just over half said they had been given advice about adjusting their steroid dose if they became ill but about 45 per cent did not know how to respond appropriately to an acute episode of illness.

When the subjects were divided according to the reason for steroid treatment, those receiving replacement therapy were significantly more knowledgeable than others taking steroids for therapeutic indications.

These findings suggest that many people receiving steroids long-term do not appreciate the risks of a sudden discontinuation of their treatment. Many expressed concern about adverse effects, particularly weight gain and osteoporosis, though these are problems associated with chronic use, not the temporary increases in dose to cope with medical emergencies. Further education and reinforcement is clearly needed.

Postgraduate Medical Journal 1993;69:282-4



Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharmS looking at the current developments in medicine

Autohaler vs Rotahaler

Young children often find it difficult to coordinate actuation and inhalation of metered dose inhalers, which is why many use a dry powder device like the Rotahaler. But the Rotahaler requires a relatively powerful inspirational effort to empty its contents, a feat which small children with asthma can find difficult. By contrast, the Autohaler is a breath-actuated metered dose aerosol which requires only a low inspiratory flow rate and it may therefore be more suitable for children.

The importance of this difference has now been assessed in a double-blind crossover trial by paediatricians in Birmingham and London.

A total of 51 children admitted with acute exacerbation of asthma were familiarised with both devices, using each to deliver salbutamol for one day in addition to regular administration of

bronchodilator via a nebuliser. Despite their illness, most had relatively high inspiratory flow rates, well above the minimum required for the Rotahaler.

There was one failure in 100 attempts to actuate the Autohaler compared with 26/100 with the Rotahaler; all those younger than six years old failed to empty the Rotahaler completely. There was, however, no difference in performance in lung function tests after using each device — possibly due to the effects of nebulised salbutamol. Most under-6s who failed to improve with the Rotahaler did improve after using the Autohaler, and nine others improved after the Rotahaler but not the Autohaler.

The Autohaler is therefore particularly suitable for some children with asthma, the authors conclude.

Archives of Disease in Childhood 1993;68:477-80



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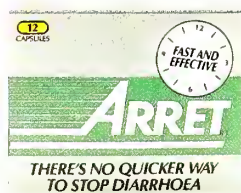


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Essential Information:

Presentation: Capsules containing loperamide hydrochloride 2mg. **Indications:** The treatment of acute diarrhoea. **Dosage and administration:** Adults and children over 12: Two capsules initially, then one capsule after every loose stool. **Maximum dose:** Eight capsules in 24 hours. **Contra-indications:** Conditions in which inhibition of peristalsis is to be avoided, abdominal distension or as sole treatment in acute dysentery. **Precautions:** Arret is for the symptomatic relief of diarrhoea only and is not a substitute for rehydration therapy. If symptoms persist for more than 24 hours, a doctor should be consulted. **Pregnancy and lactation:** **Side-effects:** Abdominal cramps, nausea, vomiting, tiredness, drowsiness, dizziness, dry mouth and skin reactions. **Price:** 6 capsules: £2.42, 12 capsules: £4.15, 18 capsules: £5.30. **Legal category:** P. **PL 0242/0097.** **PL Holder:** Janssen Pharmaceutical Ltd, Grove, Wantage, Oxon, OX12 0DQ. *denotes trademark.

Motion sickness or travel sickness is thought to be caused by excessive stimulation of the vestibular system in the inner ear which controls balance.

Symptoms

The symptoms of travel sickness include:

- dizziness
 - nausea
 - pallor
 - cold sweating
 - vomiting
 - increased saliva production.
- Prolonged attacks can lead to:
- dehydration
 - depression

Treatment

Over the counter drugs available for the prevention and treatment of travel sickness fall into two main groups:

- anticholinergics
- antihistamines

There is little specific data as to the breakdown between these two groups but Janssen Pharmaceuticals estimate that the split in value terms is 55 per cent antihistamines, 28 per cent hyoscine and 17 per cent for other remedies.

Anticholinergics

Anticholinergics, such as hyoscine, act quickly but the duration of action may be short. Side effects can include drowsiness, blurred vision, dry mouth and urinary retention.

Anticholinergics are not recommended for patients with glaucoma, and should be used with caution in patients with:

- urinary problems
- high blood pressure
- heart disease

Antihistamines

The antihistamines used in motion sickness products include:

- dimenhydrinate
- meclozine
- cinnarizine
- promethazine

All can induce drowsiness in susceptible patients. Promethazine may also cause sensitivity to sunlight.

Recent work has suggested that antihistamines may exert their action in motion sickness through their anticholinergic side effects.

Market view

Figures for the size of the UK market for travel sickness remedies range from £1.5 million to £4m. Although the recession may have reduced the number of trips abroad, it has had little effect on the market as people holiday in the UK, taking to their cars — the most common cause of motion sickness.

Not surprisingly there is a seasonal bias to the market with sales increasing from Spring to Autumn as the holiday period begins

Number one

Stugeron has retained its number one position in this market. Its active ingredient, cinnarizine, not only prevents sickness but also alleviates the feeling of nausea.

During 1993, Janssen Pharmaceuticals has been

Motion without misery

Motion sickness can spoil a holiday, especially for children. It is estimated that one in four households in the UK have a travel sickness sufferer, creating a market worth in the region of £4 million



Kwells go for PR

supporting the brand with a £100,000 promotional campaign including Press advertising and leaflet distribution, as well as competitions in the specialist Press.

Quell the quease

Kwells and Junior Kwells together have a volume market share of approximately 18 per cent.

Kwells are recommended by the Royal National Lifeboat Institution, who use them on their lifeboats for rescued survivors. They are also used by the Royal Navy in their survival rafts, and are carried by British Airways in their first aid boxes.

Roche Nicholas will be supporting Kwells and Junior Kwells in 1993 with a consumer PR campaign, featuring brand information and pack shots in travel editorial.

Bonus packs

Two special Dramamine bonus packs are now available for the peak holiday travel season, while stocks last. The larger value added pack provides 30 packs of Dramamine for the price of 24. A smaller pack offers 14 for the price of 12.

The bonus packs are supported by a range of POS material including an information leaflet giving tips on preventing travel sickness. A display stand is provided for holding the information leaflets, plus pharmacy showcards.

Dramamine has been

requested by Mercy Ships, an international medical relief organisation. It will be used during their African Outreach Tour 1993-94.

For children

Children are particularly susceptible to travel sickness. Stafford-Miller say Joy-Rides are currently the brand leader for children's travel sickness remedies although the product is suitable for the whole family. The raspberry flavoured tablets can be chewed so they can be taken without water.

The packaging for Joy-Rides was redesigned last year and now features the whole family to convey its suitability for adults as well as children.

Seton's Sea-Legs

Sea-Legs, now available from Seton Healthcare, are exclusively endorsed by St John Ambulance. This Summer the company says it will be supporting the brand with a high profile, full colour national advertising campaign in women's interest titles.

Increased sales

According to Rhône-Poulenc Rorer, Avomine has increased its sales to £350,000 and is the only travel sickness product to increase its market share to 11.8 per cent of the market, which represents a growth rate of 2.5 per cent.

Brand manager Howard Barnes says, "Although the travel sickness market is slightly down it is not surprising

considering the recession. It is encouraging that a brand like Avomine with such a strong medical heritage is the only one to show any market growth."

Natural relief

Nelsons Travel Sickness tablets are part of a range of homeopathic remedies. The tablets, containing apomorphium, staphisagria, cocculus, theridion, petroleum, tabacum and Nux vomica (6th strength) are blister packed for convenience. The company recommends sucking or chewing two tablets hourly for two hours before the journey and two tablets hourly during the journey if necessary.

Sea-Band success

The Sea-Band, which is based on the principles of acupuncture, is placed on the Nei-Kuan point, situated on the inside of each wrist three



For the whole family



Sea-Band grows through pharmacy

fingers width from the upper most crease, which is known to control nausea.

In 1992, 75 per cent of sales of Sea-Band in the UK were through pharmacies, and the company says it is their fastest growing sector. Sea-Band UK Ltd predict further growth this year because of the trend to alternative therapies as well as the lack of side effects such as drowsiness. The coloured

Sea-Bands successfully launched

Continued on p910



Two bonus packs

Continued from p909

in 1992 are now available nationally.

Sea-Band will be receiving promotional support throughout the spring and summer in the women's and parent and baby Press and during the summer months on local radio.

Spice of life

Ginger is a traditional remedy for travel sickness and morning sickness. A number of small studies have compared the anti-nausea effects of ginger with placebo and dimenhydrinate. A suggested dose is one gram of dried



A GUIDE TO HOLIDAY HEALTH WITH PRODUCTS AVAILABLE EXCLUSIVELY FROM YOUR PHARMACIST



Advice on five products

ginger taken at least half-an-hour before travelling.

Ginger has also been given to patients at St Bartholomew's Hospital to prevent post-operative nausea and vomiting, common side effects of anaesthetics.

Top travel sickness brands

1. Stugeron
2. Kwells
3. Joyrides
4. Sea-Legs
5. Avomine Nielsen

Why risk a holiday?

Upset stomachs and diarrhoea can ruin a holiday. Taking sensible precautions about food and drink can prevent many cases but it is advisable to be prepared. The anti-diarrhoeals market alone is worth nearly £7.5 million

Janssen Pharmaceuticals are the brand leader in the anti-diarrhoeal market with their two brands of loperamide accounting for 43.6 per cent of the market. Imodium and Arret hold the the number one and two positions respectively.

Janssen have positioned Arret at the holiday market and it has been heavily advertised since its launch in 1985. The company says Arret currently holds a 18.5 per cent sterling share and the brand shows dramatic growth during the summer season.

In 1993 both brands will be supported with a £500,000 promotional campaign including advertising in the national press as well as extensive PR activity

Smithkline Beecham hold the number three and four positions in the anti-diarrhoeal market with Diocalm (morphine and attapulgite) and Diocalm Ultra (loperamide).

Napp Laboratories have produced a holiday travel leaflet for consumers with details of all their relevant products: Collis Browne's, Wasp-eze, Paramol, Burn-eze and Windcheaters. The first 3,000 people to complete a coupon on the leaflet and return it to Napp will receive a free sun protection monitor.

Oral rehydration

Dehydration is one of the more unpleasant and potentially dangerous side effects of diarrhoea, especially in the very young and very old. Pharmacists should encourage customers going on holiday to purchase an oral rehydration treatment as well as an anti-diarrhoeal product especially if they are travelling with children.

"Most people are aware that diarrhoea and vomiting is a common holiday problem," says Monique Dewatine, brand manager of Dioralyte. "Rehydration is the most important area of treatment for anyone with diarrhoea and vomiting to balance the equation of fluid loss and intake."

Rhône-Poulenc Rorer say OTC sales of Dioralyte have shown a eight per cent volume growth between September 1991 and 1992. In 1992, consumer purchases of Dioralyte represented more than 70 per cent of all ORT purchases.

Monique Dewatine says that the sales force are trained not just simply to sell boxes but to provide pharmacy staff with an understanding of how the product acts. To this end the company has produced an information leaflet outlining the rationale for ORT and treatment of diarrhoea and dehydration.

Top five anti-diarrhoeals

1. Arret
2. Imodium
3. Diocalm
4. Diocalm Ultra
5. Collis Browne Nielsen

Janssen Pharmaceuticals say their ORT formulation, Rapolyte, ideally complements both Arret and Imodium.

Diocalm Junior from Smithkline Beecham is another ORT formulation for children from birth to 12 years, although it can be used by the whole family.

Between 1990 and 1992 a number of countries including France, Libya, Mexico, Pakistan, Korea, Thailand and Turkey, took action to deregister anti-diarrhoeal drugs. Except for India, all the countries that took action deregistered at least the paediatric formulations of loperamide, and several also deregistered other anti-diarrhoeal agents.

The World Health Organisation describes these deregistrations as "encouraging progress" because their cornerstone of correct management of diarrhoea is oral rehydration therapy. A 1986 policy document from WHO's Programme for the Control of Diarrhoeal Diseases (CDD) says that selected antibiotics and antiparasitic agents should only be used in cases of dysentery, amoebiasis, giardiasis and suspected cases of cholera, according to clearly defined diagnostic criteria.

In contrast

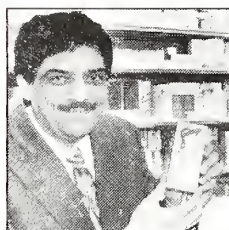
Holidaymakers are as likely to suffer the discomfort of constipation as suffer a bout of diarrhoea, says Ruth Higham, brands development manager at Windsor Healthcare, manufacturers of Dulco-lax.

"Although there are no medical indications as to why travel and holidays cause constipation, we are all creatures of habit. Frequently all that is needed to make a person constipated is a change of routine. Add to this, heat, too much alcohol, dehydration, a change of diet and a strange location, and you have the ideal mix for constipation to strike."

A survey conducted on behalf of Remegel has revealed that 80 per cent of British adults suffer from indigestion, 60 per cent from excessive eating and drinking and 23 per cent from stress — all of which are usually associated with holidays and travelling to destinations at home and abroad.

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Beating the bugs

Spurred on by the growing interest in exotic location holidays, the insect repellent market has quadrupled over the last five years, with a year-on-year growth of over 10 per cent, according to research conducted on behalf of Scholl.

With a current sterling value of some £4.4 million in 1992, sources also predict that this market could potentially double by 1998.

Keen to capitalise on this growth, Scholl's Autan brand will benefit from a £200,000 advertising spend during this year, in addition to a strong PR campaign.

Pharmacies will also be offered merchandising, display material and advice on how to maximise sales of insect repellents — primarily by placing them next to the sun-care products on offer.

Other manufacturers have also recently announced new promotional campaigns and spends.

Chefaro Proprietaries have introduced a brand new image for their Jungle Formula range to give it a more modern look while reinforcing the brand's strengths.

A new Junior Jungle Formula has been introduced as a result of consumer research which placed children as a prime concern in the purchase of insect repellents. The new formula combines a low allergy base with a reduced DEET level, and is effective for up to five hours.

The brand will be supported by a £250,000 spend over the coming months which will include a national sampling campaign.

Also suitable for children is new DEET-free Gurkha insect repellent and body lotion from Pioneer Biosciences. Managing director Sandra Metcalf Shober says some repellents may be too harsh for young children or adults with broken or sunburnt skin.

"Gurkha is safe and effective and can actually be used to soften damaged skin. It is ideal

for use after a day on the beach to soothe any sunburn and protect you from insect bites during the night ahead."

Meanwhile, 3M Health Care's new Ultrathon boasts a controlled release formula which gives protection for up to 12 hours, ensuring that holiday makers are protected against the main biting periods of dawn and dusk.

The cream, which is also water repellent, will be supported by a special introductory offer, as well as a 12x1 unit product dispenser, mosquito shelf wobblers, consumer information leaflets and dispenser.

J. Pickles have relaunched their Mijex insect repellent in bright new packaging, as well as introducing a gel which has a

Zyma Healthcare are putting £1.5m behind their Savlon brand to reinforce its caring, soothing and protecting values.

On-pack promotions will run across the 30g, 60g and 120g packs until August offering purchasers their choice of a thermometer, a family medical guide or a set of three plug guards. The offer will be flashed on-cap with a redemption via an in-pack leaflet.

Zyma will also be launching the Savlon Caring Kids Campaign, a search for Britain's most caring children, and a new guide produced jointly with the Royal Society for the Prevention of Accidents, all of which it is hoped will reinforce the brand's market leadership, according to Zyma's group brand manager

the pharmacy wholesalers, the brand will also be supported by a national advertising campaign.



Junior formula has less DEET

Likewise, Sudocrem Antiseptic Cream is also available in a counter display dispenser, a move which Tosara believe will help pharmacists by maximising on the large percentage of impulse buys which affect this market.

The colourful display, depicting children playing on the beach, holds eight tubes.

Meanwhile Weleda are offering pharmacies an outer of six Combudoron spray for the price of five, giving an POR of 46 per cent.

And, on a slightly different note, Apex Connections will be promoting their Extractor First Aid Kit, a pump designed to extract the poison from stings and bites by creating a vacuum on the skin.

This is done by simply pressing the plunger on the bite. The plunger's cups should then be sterilised after each wash, although the pump should never be washed.



Autan is backed by £200,000-worth of advertising

20 per cent DEET formulation, and a new convenient roll-on with a 60 per cent DEET strength.

Bite back

For consumers who only choose to purchase once they have been bitten (more than 40 per cent according to Scholl statistics), the antihistamine and antiseptics markets are gearing up in preparation for an active Summer.

Aisling Cloonan.

Pharmacies will be offered POS material including a counter unit, shelf edger and showcards.

Lana-Sting Creme and Spray are now being offered in a mixed ten unit security display which adopts the brand's yellow and blue livery and contains four units of spray and six units of creme.

Available with special discounts from Combe or via

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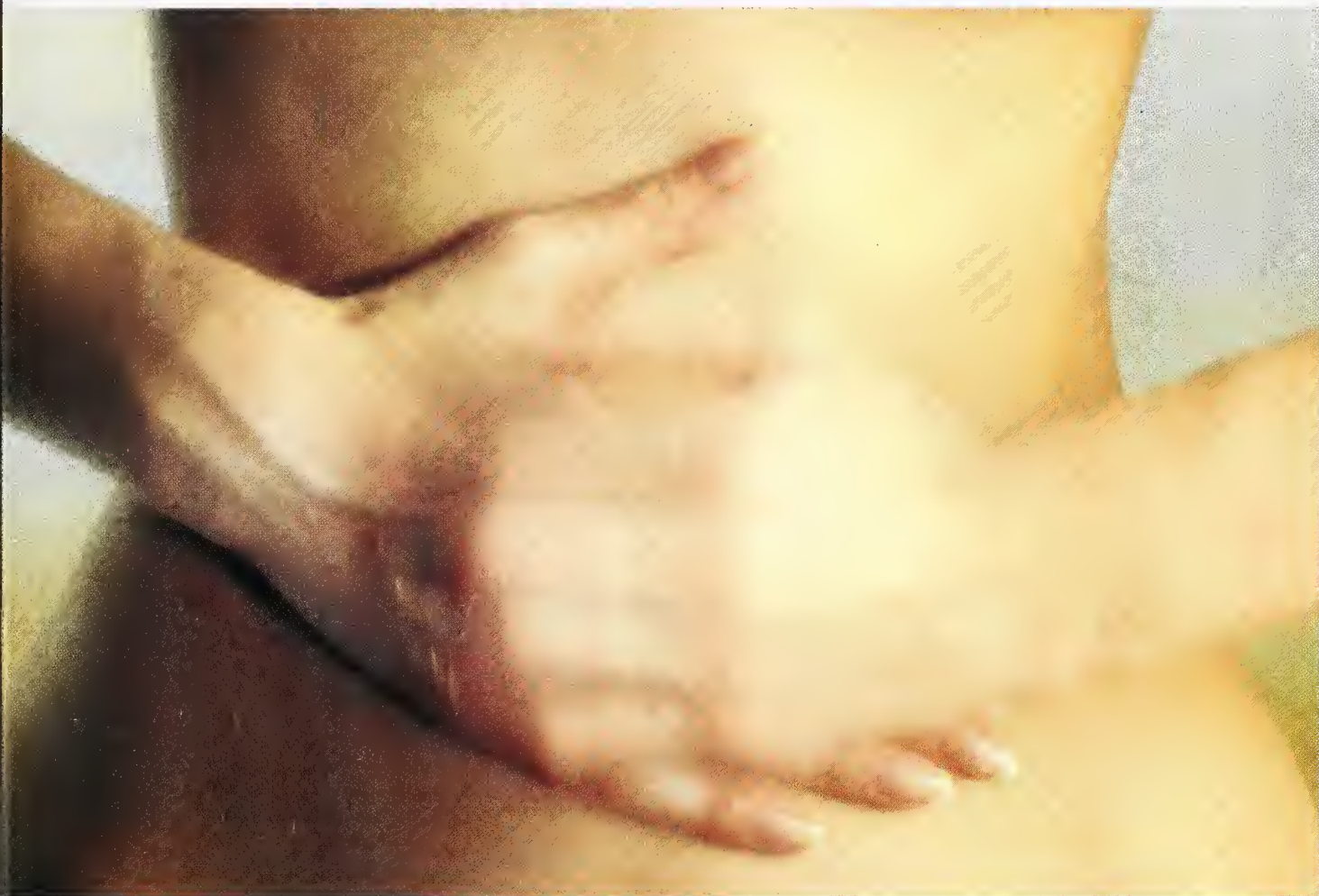


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ACTIVE INGREDIENTS: Eurax Hc contains Crotamiton BP 10% and Hydrocortisone BP 0.25%. **Indications:** Relief of inflammation and pruritus associated with irritant contact dermatitis, allergic contact dermatitis and insect bite reactions. **DOSAGE AND ADMINISTRATION:** Adults and children over 10 years: Apply sparingly over a small area twice a day for a maximum period of 1 week. Occlusive dressings should not be used. Not recommended for children under 10 years. **Contra Indications:** Hypersensitivity to any component of the formulation. Bacterial, viral or fungal infections of the skin. Acute exudative dermatoses. Application to ulcerated areas. Use on the eyes/face, ano-genital region, broken or infected skin including cold sores, acne and athlete's foot. **Side-effects:** Occasionally at the site of application signs of irritation such as a burning sensation, itching, contact dermatitis/contact allergy may occur. Use in pregnancy and lactation: Use in pregnancy or lactation should only be at the doctor's discretion. **LEGAL CATEGORY:** P. **PRODUCT LICENCE NUMBER:** 0001/5010R. **PRODUCT LICENCE HOLDER:** Zyma Healthcare, Holmwood, RH5 4NU. **DATE OF PREPARATION:** January 1993. **PRICE:** £2.40.

Powering ahead

An important although often neglected market for the summer season is electrical accessories.

Logged in between shoes, towels and the first aid kit, accessories can be wide and varied from the travel iron and kettle to hairdryers, shavers and fans.

Pharmacies are ideally placed to capitalise on sales of these smaller items, according to the manufacturers, offering holiday makers the chance to pick up their suntan lotions, travelling medical kit and fold-away irons from the same outlet.

And with the current trend for late bookings, this convenience element may be even more influential, according to Andrew Tuft, product manager at Pifco.

"Until the holiday sector improves, late bookings will prove to be the rule, which means that many purchases of travel products will tend to be at the last minute.

"One way for pharmacists to capitalise is obviously through interesting and eye-catching product displays to complement other relevant travel market areas. Other opportunities exist with local travel agents to promote holidays jointly with travel products."

This year, to reinforce their position in the market, Pifco have expanded their range of products to include a travel hairdryer, as well as their travel jug, an auto switch-off mini kettle, travel steam iron, travel clothes steamer and mini boiler.

The products have also been given a corporate look through new co-ordinated packaging.

Morphy Richards have also added a new hairdryer and diffuser combination to their travel range, as well as a new travel steam iron called the Voyager, which is designed to fit into an overnight bag and comes complete with a fitted plug, and a mini water jug.

Meanwhile Philips Silence HP4360 1250W model has dual voltage for worldwide travel which, coupled with its ergonomic design, folding handle and travel pouch,

should "create worth-while extra sales for the independent chemist," says Liz Stovold, marketing manager for Philips Haircare.

A close shave

Philips will also be dedicating some of their £7m promotional spend for 1993 on their shaving range, including the portable Philips Ladyshave HP2705,

where they have a 50 per cent value share of the £10.5m ladyshaver market.

Similarly Braun have recently launched the Silk Epil Duo Rechargeable, which is available with a 2.4 voltage adaptor, charge indicator and switch lock. The new model will complement their other battery ladyshavers including the Lady Braun Style range.



Portable babies

Holidaying with young babies can be a slightly traumatic experience as day-to-day routine becomes almost impossible to maintain.

Recognising these niggling alterations which can seriously mar a holiday if the baby becomes distressed, a number of baby care manufacturers are leaping to mum's aid.

Pre-sterilised products, such as the teats available from Lewis Woolf Griptight, are growing in popularity.

They are designed so the teat can be put onto a bottle without being touched. It can then be easily disposed of, avoiding water hygiene worries.

Robinson Healthcare offer handy nappy sacks as a convenient way of dealing with dirty nappies, as well as alcohol and lanolin free baby wipes, plasters and moist tissues.

Maws have relaunched their Travel Happy Cup in new packaging, with a tutti frutti pattern of triangles, circles and squares in shades of pink, mauve and mint green.

A leakproof, two-piece training cup, it has dual handles, a twist-to-seal mechanism and a practical thumb grip (see above). The product is being advertised in the mother and baby Press until the end of the year.

Batteries not included!

Batteries are often a forgotten element in the successful holiday.

From the personal stereo and camera to electronic games and torches, making sure that you are properly stocked up is essential. There's nothing worse than carting around your best selection of cassettes, only to discover that you've no batteries to play your stereo anyway!

Battery sales provide guaranteed profit opportunities for pharmacies in the summer, according to Duracell. For instance, the company's lithium XL range represents POR of £2 cash profit per unit sold. Bearing in mind the average pharmacy sells five of these batteries a week, that equates to £10 cash profit for a display which only takes a small amount of store space.

Duracell will be promoting their range in June and July with a repeat of the "canoeing bunny" television advertisement which first appeared at Christmas.



Weleda are making a special offer for pharmacies of their Combudoron six-pack sprays for the price of five. Details on p912

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BE PREPARED FOR THE WORST THIS SUMMER

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- * Are there any regional malaria differences?
- * Which Anti-Malarial regimen to use?
- * Does the type of holiday affect the advice?
- * What about non vaccinatable diseases?
- * What if the patient asks for a written reminder?

Its 5.00pm during evening surgery and you're BUSY. Mrs Jones has queued patiently to ask her pharmacist's advice. "We're off on holiday to Australia, stopping over in Hong Kong, Singapore and Jakarta. Do we need anything?" You ask "is it possible to call back?" hoping for time to look it all up. "Not really, I'd rather wait". You retreat to the dispensary irritated because you know that working it out will take more time than you have and you want to be professional and above all accurate. To cap it all you hear "Oh by the way, I have a 5 year old daughter."

This scenario happens to pharmacists every day and can be a complete hassle. The enquiry typically arrives when you're busy and you know that to do it justice will take ages. Not only that, with the N.P.A. encouraging people to ask your advice, more and more people are asking.

Yet if done properly, travel health advice can represent a significant source of income, from items such as anti-malarials, insect repellants, sun screens and of course who better to advise on things for the first aid box?

TRAVELLER is NEW. It is inexpensive, fast, accurate and above all easy to use.

It will run on your existing computer so there should be no extra equipment costs. Being a healthcare professional you need to know that whatever the source, your information is accurate and up to date.

TRAVELLER data is compiled from WHO, DoH & CDC, as well as standard pharmaceutical and medical sources and doesn't just cover the vaccinatable diseases. Don't panic, TRAVELLER tells you about the diseases their vectors and how best to avoid them.

The information itself has a 'sell by date' so you can't accidentally use out of date information.

Data and program updates are included in the annual fee, so if anything changes you're the first to know. Every country in the world is included, with the relevant disease and malaria risks and a contact address overseas in case of dire emergency (usually that of the British Embassy or High Commission).

TRAVELLER not only gives you relevant country information, it has many other useful features. For example, an anti malarial calculator which will calculate the correct amount of medication in an instant, even for children. Perhaps the most impressive feature is the Multi-Centre facility. This will

summarise the disease and malaria risks for a trip visiting up to twenty countries..in seconds.

Information is printed on TRAVELLER FORMS for the patient to take away and keep. The reverse of the form carries advice on food, drink & hygiene, prevention of mosquito bites, vaccinations, the risk of sunburn and Travellers Diarrhoea and its treatment.

The aim is simple....to make your job easier and enhance your professional image.

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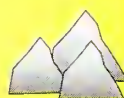
Anti-malarial, disease and vaccination information for every country in the world at your fingertips!
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Precautionary measures

AIDS and hepatitis B are now prevalent worldwide. Practising safe sex and avoiding blood contaminated by the viruses are the main ways of reducing these risks. There is a vaccination against hepatitis B (Engerix B) but this requires three doses over six months for maximum protection.

Displaying condoms alongside other holiday requisites will remind customers to take a supply with them. In some countries they might not be easily available or of the same good quality as in the UK.

It is important to remind holidaymakers that the efficacy of both types of oral contraceptive pills may be affected by malabsorption which may occur with bad diarrhoea. As this often develops on holidays abroad an alternative contraceptive method, such as a condom, must be used for seven days. If the seven days run beyond the end of the packet then a new packet should be started straight away.

Chartex advise that women using Femidom should stock up in the UK before going on holiday to France, Spain, the USA, Italy and Greece as Femidom is not currently available in these five popular destinations. Although Femidom should be in all of those countries by the end of the year, Chartex say it is not yet certain that all will be selling the product at peak holiday season. Femidom is currently available in Portugal,

Austria, Switzerland and The Netherlands.

Travellers to more remote places might be concerned about the availability of sterile needles and syringes in case of accidents. Travel kits are available containing a variety of sealed and sterilised equipment for use by doctors or nurses in an emergency.

These kits are usually labelled to avoid problems with customs. It is better not to carry loose syringes or needles unless accompanied by a doctor's note explaining why they are needed.

In some countries, blood for transfusion is not screened for the presence of HIV but there may be arrangements for obtaining the screened blood. The Department of Health leaflet T4 "Health Advice for Travellers", recommends asking the local doctor.

The leaflet also recommends avoiding medical and dental treatment involving surgery, blood transfusions or injections in countries where there may be a risk that HIV could be spread in this way: "You should have enough insurance cover to enable you to be brought home as soon as possible in the event of a serious emergency."

Suppliers of sterile medical kits (ie those containing needles etc for professional use, not just ordinary first aid kits) include: Dixon Community Care (tel: 081-852 0088) Homeway Ltd (tel: 0962 881051) Nomad Pharmacy (tel: 081-889 7014).



Sudocrem counter dispenser aims to maximise impulse sales

Sterile medical packs

The Sterile Medical Pack from Homeway Medical is a compact, lightweight injection kit for those travelling to high risk areas.

Developed in association with medical practitioners, it offers protection against hepatitis B and HIV infection for those travelling to the Middle East, Far East, South America and Africa, where sterile facilities may not always be available.

For use by medical personnel only, the pack contains sterile needles, syringes, suture materials and dressings.

It has a tamper proof security tag, emergency advice in several languages and an outer label for recording personal details.

Sun safety

With public awareness of the need to protect the skin from the dangers of ultra violet rays ever growing, a range of new products have been developed which allow sun-worshippers to monitor their time in the sun.

The Suncheck products, designed by Dr John Bannard in conjunction with Dr Dennis McGuire and available from Fine Fragrances and Cosmetics, indicate when the Minimum Erythral Dose (MED) has been reached.

Using a harmless chemical which accurately monitors the safe amount of sun for each individual skin type, the products are attached by a hypo-allergenic adhesive and are completely waterproof.

When the panel reaches the same shade of blue as its surrounding reference, enough UV has been absorbed for the day.

Products in the range include: Suncheck Timers (10, £3.99), bright, "wrist-watch" shape with panels for super-sensitive, sensitive and normal skin types; Suncheck Monitors (20, £2.99), small stickers available in sensitive and normal grades; and Suncheck Animal Shapes (14, £2.99) small stickers, depicting nine different endangered animals, for sensitive skins, particularly children.

Travelling with diabetes

Travelling abroad for people with diabetes can be problematic — lost insulin, crossing time zones and a change of diet can all combine to ruin a holiday.

To help ease the planning burden, Becton Dickinson diabetes healthcare division have produced a leaflet "Travelling with Diabetes" which details the countries using U-100 insulin and those using U-40 insulin, as well as advice on customs and excise, storage and illness.



Cold sores are not just a cold weather phenomenon. According to a recent survey by Blisteze, 98 per cent of cold sore sufferers are aware they can develop cold sores in the hot Summer months. Blisteze can be applied at the "tingle" stage to prevent a cold sore from developing. Also available from Dendron is Blistex lip balm which, with an SPF10, protects against sun and wind

Businessnews

Unichem tackle service problems with Unipos

Unichem are conducting a damage limitation exercise since their EPoS supplier, RDS, appears to be no longer able to service and support the system.

Unichem seem uncertain of exactly where they stand with their supplier. Earlier this week, RDS were not prepared to say categorically what their trading position currently is.

Chemist & Druggist spoke to one of the two principals of RDS, Anthony Peel. He was "not prepared to make any statement whatsoever" (presumably for legal reasons) when asked if the company had ceased trading, was in the hands of the receivers, or whether RDS was still in business.

Unichem have written to all Unipos users saying: "John Richardson Computers/Mediphase will take on full responsibility for the maintenance and future development of the Unichem EPoS system (formerly known as Unipos)."

However, John Richardson, whose company has 1,500 Unichem customers using its PMR system, believes there is a strict limit to what he will be able to achieve for Unipos. "I have not seen the Unipos hardware or the software yet, and we will need to evaluate it. I don't know if the

Unipos software is working or what the system needs.

"We are just trying to get our software onto the Unipos till. The only way we can help is to put our software onto the Unipos machines, otherwise it will be a case of changing their system to ours."

John Richardson take *C&D's* Price List electronic update service in the same way as RDS.

JRC are hoping to get a formal agreement with Unichem to provide an EPoS system for their customers.

Mediphase are operating a helpline for Unipos users on 081-420 7300. Mediphase managing director Maurice Leaman told *C&D*: "We are helping out in the meantime. In some shops Unipos and Mediphase are running on the same hard disc, and we have come to know bits and pieces of the software."

The immediate problem facing Unipos users is how they will update their price lists. While it may just be possible to do this manually in the short term, in a matter of weeks it may not be worth the labour.

David Farrow, Unichem's Unipos development manager, is well aware of the potential problem. "One of the things we sold Unipos on was that it was supported by a wholesaler so the pharmacist wouldn't be left with a pile of junk, and they won't be," he said. "We will commit ourselves to any contracted arrangements we have."

RDS are not currently working on the system, he acknowledges, "as there is no longer anyone there to take phone calls and provide support".

However, he says Unichem have hardware maintenance in place for the system, using the same company as before, ECM. "Anyone who has a maintenance contract will have it honoured," he says.

Unichem find themselves in an

difficult position regarding the actions of their supplier. Deputy marketing director Tony Foreman told *C&D*: "Unichem can't be responsible for the actions of another company. We are now going to recommend JRC's EPoS and provide all the support to them we provided for Unipos."

"Our new regime is not to use Unichem's name in any computer product."

This is the third time an EPoS system connected with Unichem has run into difficulties. First there was Pride, developed in-house by Unichem, then came Prism, owned by Unichem, and finally Unipos, marketed by Unichem.

Pfizer files

Pfizer have filed UK product licence applications for Enblex (tenidap) for treating rheumatoid arthritis.

Hills and Vestric

AAH Pharmaceuticals have replaced the separate trading faces of Hills and Vestric with AAH Hospital Service. AAH Medical will be integrated into the company's hospital service to provide a wider range of goods.

Plenty of Scents

Fragrance company Plenty of Scents have opened a cash and carry at their factory off junction 6 of the M5 in Worcester. A 10 per cent discount is offered to traders at the showroom.

SB bond move

Smithkline Beecham are planning to raise £100m on the Eurosterling bond market.

NCC: sales up, profits down

National Co-operative Chemists increased their turnover by 20 per cent in the past financial year. But the Society's pre-tax surplus was down 21 per cent to just over £1.69 million.

In the group's board report, NCC's chairman, Hughie Todner, says: "Pharmacy, in common with other retailers, has continued to find trading conditions very difficult during the past 12 months, with no end to the long recession in sight. Despite extremely stable retail pricing and strong promotional activity throughout the year, we have found consumer resistance to spending has been very high."

Nevertheless, over the counter sales for the Society are up 14.6 per cent, to just over £25 million.

NCC say their trading surplus for the year was achieved in spite of a difficult retailing climate and a £750,000 increase in the level of discount clawback.

After tax and other deductions £1.1m moves to reserves.

NCC are continuing the retail expansion programme which pushed the number of pharmacy outlets up from 194 to 218. The Society

Sales up 20pc to £74.7m

Pre-tax surplus down 21pc to £1.69m

Retained surplus down 15pc to

Dividend up 14pc to £8,000

spent £4.7m on acquisitions and £2m on refurbishing existing outlets.

Dispensing sales rose from £40,440,000 for the 52 weeks to January 1992 to £49,673,000 for the 53 weeks to January 1993, a 22.4 per cent increase on a like-for-like basis.

The increase in total sales in the branches operating both last year and the year before was 5.7 per cent.

During the year, the Society's branches dispensed 6.4m NHS prescriptions nationally, an increase in value terms of almost 23 per cent. Unfortunately, says Mr Todner, the rise in prescription sales was not matched by an increase in gross profitability, "as a result of further government attrition on pharmacists' NHS remuneration".

NCC paid £8,000 in dividends to its members, and after interest payments retained a surplus of £1.149m.

SB and Adria

Smithkline Beecham and Adria Laboratories have agreed to co-promote Adria's recently approved prescription drug Mycobutin (rifabutin).

The drug claims to be the only antibiotic approved for the prevention of Mycobacterium avium complex (MAC), a bacterial infection common in the late stage of AIDS. Under the agreement SB and Adria will co-promote the drug in the United States.

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DoH backs Euro licensing bid



Health Secretary Virginia Bottomley supporting the launch of an Association of the British Pharmaceutical Industry campaign to site in London the new European Medicines Evaluation Agency which will license new Euro-medicines. ABPI president Stewart Siddall is centre stage

Health Secretary Virginia Bottomley is backing an Association of the British Pharmaceutical Industry bid to site the European Medicines Evaluation Agency in London.

Mrs Bottomley says the strength of pharmaceutical science and research in London is second to none. "The probity and integrity of UK medicines licensing has stood the test of time."

The UK licensing system is now the fastest in the world, Mrs Bottomley says. "Time is money for industry. Safe, efficient and swift licensing procedures are in the interest of the patient and industry. We have a proven track record in this here in the UK."

ABPI president Stewart Siddall revealed that bids for the EMEA had been put in by Barcelona, Dublin, Copenhagen, and Leiden.

Bids had not been received from six European countries, including France and Germany, and three of the largest of them were supporting the British.

Mr Siddall said no European company could afford to lose any of the patented life of a brand in the licensing process, so it was essential that the EMEA was sited in a country with a swift registration procedure. The UK's Medicines Control Agency was now the fastest body in Europe.

It was also essential that being in the EMEA did not slow up the licensing of medicines compared with any national system, either in the transitional period, or thereafter. "It will be a one-stop-shop for a licence for new, innovative medicines giving one approval for a single data sheet valid throughout the EC."

there a future for the smaller pharmacy? Speaker, Michael Moore, secretary, Kent LPC.

Advance information

Young Pharmacists' Group Pennine region. Race Night on **May 15** at Dewsbury Sports Centre. Further details contact Liz Jessop on 0532 533335.

British Institute of Regulatory Affairs, half-day seminar on The Single Market = One Regulatory Unit, in London on **May 19**, followed by annual address given by Professor Michael Rawlins, chairman of the Committee on Safety of Medicines. Details from BIRA on 071-499 2797.

IBC Technical Services, Pharmaceutical R&D division conference on HIV and AIDS to be held at the Society of Chemical Industry, London on **May 20-21**. Details from Lucinda Middleton. Tel: 071-637 4383.

Unichem Trade Shows on **May 23** at Chessington and **July 11**, Alton Towers. **Provincial Pharmacy Locum Services** series of study days on Locum Awareness, all commencing at 10.30am. **May 23** at The Village Hotel, George Street, Prestwich. **June 20** at The Friendly Hotel, Bentley, Walsall.

In the City

The stock market has bounced back after several weeks of weakness. Continuing signs of an economic recovery and talk of an imminent interest rate cut to deflect the Government's poor showing in the local elections have bought back buyers. Against this background, the pharmaceuticals sector has also enjoyed some support in recent days.

It is now felt that the US healthcare reforms will not be as draconian as feared. Analysts believe that controls on US drug prices are now unlikely to be imposed by Hilary Clinton's reform package. Although healthcare and drugs expenditure will be kept under control by a system of public scrutiny, industry monitoring and enforced competition, the measures will not be as damaging as had been previously thought. Full disclosure of the reforms are not expected for another few weeks, but the news has helped push leading drug stocks leaders, including Glaxo and Wellcome, higher.

The sector has also been gripped by intense speculation concerning the launch of Zeneca, the pharmaceuticals arm being hived off from ICI. The shares were expected to be priced last Wednesday at below 600p to raise an estimated £1.3 billion for the company. Nomura, the Japanese broker, estimates the company's "fair value" at around 650p each, but to ensure a good start to dealings, the market is looking for a significant discount to the group's underlying value.

In a major research note on the new company, Nomura says that it would be reluctant to recommend the stock at more than 650p as its growth prospects in the short term would be "sluggish". Of the top five drugs in Zeneca's portfolio, it picks out Diprivan and Zoladex as the strongest products. But Tenormin's sales are expected to decline.

Meanwhile, Panmure Gordon has turned positive on Smithkline Beecham following an encouraging US analysts meeting. The broker says that the shares are likely to attract further interest due to the potential of Paxil, the anti-depressant drug.

Earlier this week Glaxo also held a big analysts meeting in London which has helped to warm investors. The firm also believes that Wellcome shares have been oversold. It says that the results of the recent Concorde study into Retrovir had been misunderstood.

Much of the recent weakness in the sector has been bucked by Medeva. Following its successful rights issue several brokers, including Panmure, continue to rate the shares as a buy. However, trading in Lloyds Chemists has been thin.

Coming Events

Tuesday, May 18

Oxfordshire Branch, RPSGB at Postgraduate Medical Centre, John Radcliffe Hospital, 7.15 for 7.45pm. Annual meeting followed by talk from a speaker from the Nutricia Company. **South Lincolnshire Branch, RPSGB**, at the Lincolnshire Oak Hotel, Sleaford, 8pm. A 'Simpla Urology Products' evening sponsored by Glaxo.

Wednesday, May 19

Exeter & District Branch, NPA meeting in the Seymour Suite, Forte Crest Hotel, Southernhay East, Exeter, 7.30pm. Buffet at 8pm followed by talk on 'Community care: Who cares?' by Mary Allen, head of information, NPA.

Thursday, May 20

Hertfordshire Branch, NPA meeting at the Astra Pharmaceuticals Lecture Theatre, Home Park Estate, Kings Langley, 7.30 for 8pm. Speakers, Mary Allen, head of information, NPA and Stephen Axon, secretary of the PSNC. **Weald of Kent Branch, RPSGB** at the Postgraduate Medical Centre, Kent & Sussex Hospital, Mount Ephraim, Tunbridge Wells, 7.45 for 8pm. 'Is

July 11 at the School of Pharmacy, Brunswick Square, London. Further details: Ria Hitchins, tel: 021-233 0233. **Young Pharmacists' Group, Wales** and the West regional conference. 'Awakening a profession' on **May 23** at Hilton National, Walcot Street, Bath. Further details from Dieder McKiernan, tel: 0722 33270 (eve).

Intercare Group buy Dutch

The Intercare Group have bought Dutch wheelchair manufacturers RTH. Payment is in two stages, an initial £1.8 million and a further £1.08m related to RTH's performance over the next year.

The Intercare Group say that the acquisition enhances their existing mobility product range. Together with Montis Medical BV (also based in Holland) and Booster Electric Vehicles, based in the UK, RTH will form part of an enlarged mobility division.

Boots slash prices on sun cream

Boots have dramatically cut the prices of their leading suncream brands in a move likely to help the company maintain market share in this competitive market.

A spokesman for the company told C&D: "It is all about giving our customers the best deal."

The price promotion is of unknown duration, but while it lasts Ambre Solaire Milk 200ml will sell at £4.79; Nivea Sun Lotion 400ml will be £6.99; Piz Buin Intensive Tanning System will cost £7.00; Hawaiian Tropic will sell for £5.49; and Coty Sunshimmer make-up will go for just £1.99.

Overall, prices have been cut by up to one third.

Revealingly, Boots have chosen to compare their new prices directly with Superdrug's in their press release.

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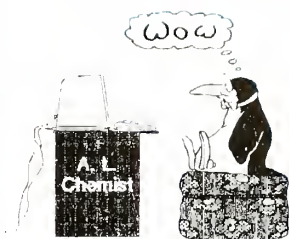
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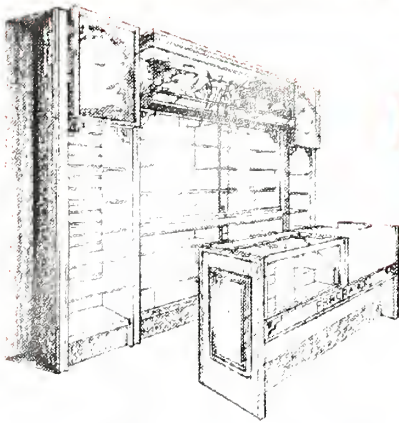
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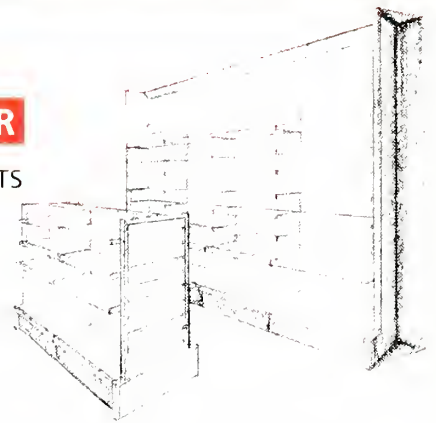
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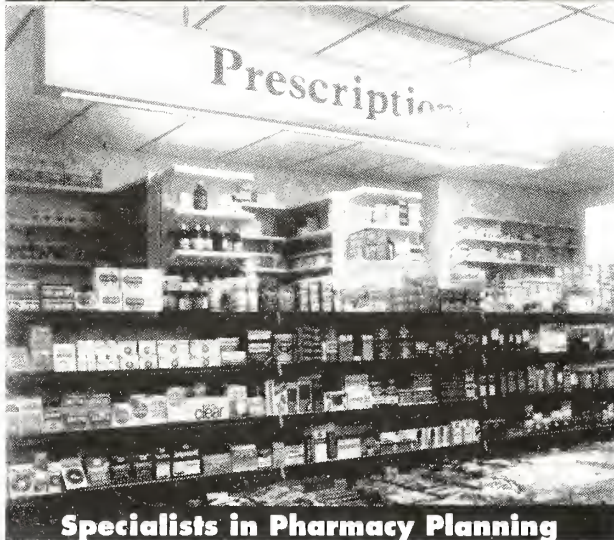
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LOCUMS

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MIDDLESBROUGH - Second pharmacist required two mornings or one day weekly, long term. Apply in writing with cv to Farquharsons Chemists, 21 High Street, Normanby, Middlesbrough, Cleveland TS6 0NH.

SITUATIONS WANTED

ESSEX & SUFFOLK - Community pharmacist available May 22 and some Saturdays from July 1. Tel: 0255 672845.

LOCUM AVAILABLE for late bookings in May, June, July, August and September. Tel: 0631 64727 or write to H Laird CeolMara, Ganavan, Oban, Scotland.

LONDON - Reliable, friendly locum pharmacist available for August or September vacation cover. Tel: 081-992 7035 (eve) or direct page 0893 951629.

SURREY/SUSSEX - Experienced retail pharmacist seeks three or four days a week. Based near Gatwick. Anything considered. Please tel: 0293 521720.

GREATER MANCHESTER - Young, experienced locum (ex director) with sense of humour seeks short/long term locum positions or managerial posts from March 15. Tel: Sue Gettins on 061-789 4519.

NORTH OR EAST LONDON AREA - Experienced and friendly locum pharmacist available in May. Tel/fax: 081-884 3780.

MANCHESTER AND ENVIRONS - Young, very experienced ex-director pharmacist who can handle anything thrown at her (though not literally!) now taking bookings from June for short/long term locums or managerial positions. Please tel: 051-707 4419.

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TRADE LESS 20% - 10 x Becotide nebuliser solution. Tel/fax 0908 32-392.

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TRADE LESS 50%+VAT+POSTAGE - 90 Yotpar; 1 Ventolin infusion; 60 Respalac;

3 x Haldol 2mg/ml; 1 x Calciparine 12500iu injections. Tel: 081-697 2615.

TRADE LESS 50%+VAT+POSTAGE - 128 Sabril tabs; 72 Didronel 200mg; 137 Dolmatil 200mg; 2 x 24 Menzol (8-day); 42 Betaloc SA; 50 Betaloc 100mg. Tel: 0502 572603.

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TRADE LESS 30%+VAT - 60 Mexitil 200mg; 154 Motipress; 273 Rastinon 500mg; 28 Cafergot supp. Tel: 081-904 4197.

TRADE LESS 50%+VAT+POSTAGE - 60 Pancrease (exp 9/93); 60 Rehbin 100mg (6/93); 88 Triptafen (exp 6/93); 11 Vari-dase Topical Combipack (exp 11/93); 24 Elantan 1A (exp 6/93) 272 Hypovase 2mg (exp 6/93, 10/93, 12/93) and others. Tel: 081-534 2394.

TRADE LESS 30%+VAT+POSTAGE - 14 x Becotide neb susp 10ml (exp 11/93); 1 x 60 Lodine 200mg (exp 9/93); 158 Declinax 20 (exp 10/94 to 1/96). Tel: 0992 622471.

TRADE LESS 50%+VAT - 130 Ossopan 800 tabs (exp 6/93); 1 x 30 Colodress Plus S874. Tel: 0548 842146 or fax: 0548 842293.

TRADE LESS 50%+VAT+POSTAGE - 224 Sectral 200mg; 100 Dantrium 100mg; 200 Erythrocine 500; 200 Isordil Tempids 40mg. Tel: 081-670 6843.

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TRADE LESS 50%+VAT+POSTAGE - Zinnat susp 4 x 70ml (exp 11/93). Tel: 0236 735040.

TRADE LESS 40%+VAT - 2 x 5 x 100mg/ml Haldol inj (exp 3/97); 4 x 5ml Depixol conc 100mg/ml (exp 10/94). Tel: 071-278 5040.

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TRADE LESS 50%+VAT+POSTAGE - 5 Coloplast Ostobon; 5 Fucidin sus; 300 Trental 400mg; 7 Ster-Zac bath conc; 8 x 28 Spiroctan 100mg caps; 400 Alupent tabs; Slow-Trasicor. Tel: 071-387 9585.

TRADE LESS 50%+VAT+POSTAGE - Convatec S272 x 1, S355 x 3, S232 x 1, S313 x 1, S100 x 2, Celance 50mcg 6 x 30 (exp 9/93) and others. Tel: 0747 822427.

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KIRBY OLDHAM KLS Tablet counting machines. Very good condition. £400 each plus VAT. Tel: 0484 530935.

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VOLVO 740 GLE - Estate '86. Gold, average mileage. Long MOT/sun roof/new tyres, exhaust, brakes, shock absorbers. £4,500. Tel: 0234 771441.

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Aboutpeople

McGregor retires after 42 years

Pharmacist John McGregor, the manager at Selles Dispensing Chemist in Market Weighton, has retired after 42 years in the business, just seven months before his 70th birthday.

As well as running the only pharmacy in Market Weighton, Mr McGregor was also a local magistrate for more than 20 years and has been a member of the town council which included some time as the mayor.

Mr McGregor will miss his staff and customers, he said. Some of them have been customers for 40 years and he has seen them grow up into grandmothers.

He now intends to spend more time on his hobbies which include gardening, walking and swimming.

Mr McGregor is succeeded at his branch by Mr Joseph Whitehead.



John McGregor (centre) pictured at his retirement dinner after 42 years service with Selles Dispensing Chemists. Also pictured left to right are Ian Lea, David Oxley, John Bolton and David Hoskins, who have all been with the company for over 25 years

Appointments

Peter Martin takes over from **Anthony Cork** as general manager of Schering-Plough.

Duracell have appointed **Joergen Buhl Rasmussen** to the new position of area director, UK and Ireland. **David Young** takes over as vice-president, Northern Europe.

At Haarmann & Reimer GmbH, **Hans Hartmann** has succeeded Dr **Claus Skopalik** as president and chief executive officer following his retirement. **Dr Reinhard Kaiser** becomes senior executive vice-president of the company.

Mr Alan Crabbe, **Mr Peter Hopley** and **Dr Margaret Steane** have been elected to serve as governors of the College of Pharmacy Practice. **Miss Helen Liddell** has been elected as an associate representative on the Board.

Pharmacists to Seville

Two lucky pharmacists **Louise Mitchell** and **Bryan Turner** will be mixing business with pleasure this month when they attend the Vantage convention in Seville.

Louise, of **K.L. George** in Glasgow, and **Bryan**, from the

Vantage pharmacy in Worthing, have won the AAH/Crookes Healthcare "going places" competition.

Each will receive flight tickets and luxury accommodation for two for the period of the convention.



The recent Belfast AAH trade show was voted a success by the company, with more than 200 customers attending and 46 OTC suppliers. Seen here ready to greet customers are the branch management and telesales team



The Central Scotland Branch of the Royal Pharmaceutical Society has raised £1,000 for the Strathcarron Hospice from a recent charity dinner dance. **Wendy Bailey** and **Helen McCracken**, organisers of the dance, with **Jane Waddy**, Branch chairman, and **Alan Webb**, the chief area pharmaceutical officer, present the cheque to **Mr A. Robertson**, chairman of Strathcarron Hospice

Schering award winner

Miss Mary Tompkins, principal pharmacist for priority services and community liaison in the North West Thames Regional Health Authority, has received the 1992 Schering award from the College of Pharmacy Practice. The award is for outstanding contribution to pharmacy practice.

Miss Tompkins has worked

with priority care groups such as mentally handicapped and is a member of several professional medical groups. She has made significant improvements in the non-acute hospital sector and in the domestic and residential care.

Miss Tompkins received the award at the College annual address at the University of Warwick.

Fisken off to Namibia

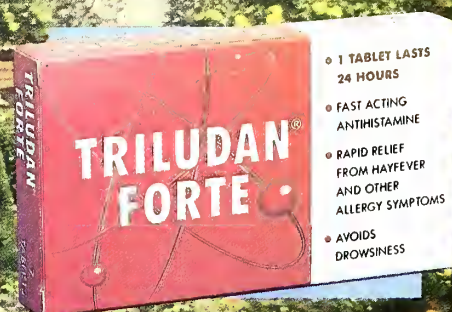
Alexander Fisken, a 66-year-old pharmacist from Edinburgh, will join **Christine Mather** in Namibia working for the Voluntary Service Overseas (C&D May 8).

Mr Fisken will be responsible

for purchasing and distributing drugs centrally to hospitals throughout Namibia.

The posting will be for a period of two years and will begin in June.

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colonic atony. Each sachet contains 3.5g Ispaghula husk BP. **RSP Price:** 10 Sachets £1.25, Euro 79p. **PL NO.:** Fybogel 0044/0041, **Irish PA** 27/2/1, Fybogel Orange 0044/0068, **Irish PA** 27/2/2. Reckitt & Colman Products Ltd, Hull, HU8 7DS, from whom further information is available. Fybogel, Fybogel Orange, and the sword and circle are trademarks of Reckitt & Colman Products Ltd. **Reference:** 1. Market Research Report, R&C Report No. 9293; Data on file, 1992.